

UNCLASSIFIED

FEDERAL BUREAU OF INVESTIGATION

Electronic Communication

Title: (U) JASON SCOTT LEIDERMAN

Date: 08/13/2015

From: SECURITY

DJ-LECIU

Contact:

Approved By:

b6
b7C
b7E

Drafted By:

Case ID #: 259A-HQ-6567942

(U) JASON SCOTT LEIDERMAN
SCIP-CIPA
NIP-FBISEC

Synopsis: (U) JASON SCOTT LEIDERMAN

Full Investigation Initiated: 08/13/2015

Details:

JASON SCOTT LEIDERMAN

◆◆

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FEDERAL BUREAU OF INVESTIGATION

Import Form

Form Type: OTHER

Date: 08/17/2015

Title: (U) Jason Leiderman DOJ

Approved By:

A rectangular box with a black border, used for redacting the signature of the person who approved the form.

Drafted By:

b6
b7C
b7E

Case ID #: 259A-HQ-6567942 (U) JASON SCOTT LEIDERMAN
SCIP-CIPA
NIP-FBISEC

Synopsis: (U) Jason Leiderman DOJ

Enclosure(s): Enclosed are the following items:

1. (U) Jason Leiderman SF-86
2. (U) Jason Leiderman pt 2

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UNCLASSIFIED

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0095

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 18 - Relatives - (Continued)

Entry #3

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.
Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.
City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name.

☐ Same as listed

☐ I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

☐ YES ☐ NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

☐ Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☐ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Entry #2

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Entry #3

Provide one type of documentation that he or she possesses and the document number.

- ☐ FS 240 or 545 ☐ U.S. Naturalization certificate ☐ Other (Provide explanation) ▶
☐ DS 1350 ☐ U.S. Passport
☐ U.S. Citizenship certificate ☐ None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street

City

State

Zip Code

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #4

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

Provide your relative's place of birth.

City

State

Country (Required)

☐ Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

Entry #4

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#3 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#4 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved
OMB No. 3208-0001

Section 18 - Relatives - (Continued)

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18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

☐ YES → Provide your relative's APO/FPO address.
☐ NO Address
☐ I don't know

APO or FPO APO/FPO State Code Zip Code

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

b6
b7C

Provide document number. Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.
unk

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street City State Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 18 - Relatives - (Continued)

Entry #4

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Entry #4

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Entry #5

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
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Provide your relative's date of birth.
Date (Month/Day/Year)

Provide your relative's place of birth.
City

State

Country (Required)

☐ Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

Entry #5

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b7C

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☐ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Entry #5

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Entry #5

Provide one type of documentation that he or she possesses and the document number.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Naturalization certificate | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> U.S. Passport | |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> None (Provide explanation) ▶ | |

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street	City	State	Zip Code
--------	------	-------	----------

Enter your Social Security Number before going to the next page →

069-68-8543

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

☐ I don't know

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

☐ I don't know

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #6

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.

City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name.

☐ Same as listed

☐ I don't know

Last name

First name

Middle name

Suffix

Has this relative used any other names?

☐ YES ☐ NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

☐ Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#2 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#3 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#4 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

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Section 18 - Relatives - (Continued)

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

☐ YES → Provide your relative's APO/FPO address.

☐ NO Address APO or FPO APO/FPO State Code Zip Code

☐ I don't know

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- ☐ FS 240 or 545 ☐ U.S. Naturalization certificate ☐ Other (Provide explanation) ▶
☐ DS 1350 ☐ U.S. Passport
☐ U.S. Citizenship certificate ☐ None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street City State Zip Code

Enter your Social Security Number before going to the next page →

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Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 19 - Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

☐ YES ☒ NO (If NO, proceed to Section 20A)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #1

Provide the full name of the foreign national, if known.

Last name

First name

Middle name

Suffix

☐ I don't know

Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person

☐ Telephone

☐ Electronic (Such as e-mail, texting, chat rooms, etc)

☐ Written correspondence

☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily

☐ Monthly

☐ Annually

☐ Weekly

☐ Quarterly

☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business

☐ Personal (Such as family ties, friendship, affection, common interests, etc)

☐ Obligation (Provide explanation) ▶

☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name

First name

Middle name

Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth.

☐ I don't know

(Month/Day/Year)

☐ Est.

Provide place of birth.

☐ I don't know

City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street

City

State

Zip Code

Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES



Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street

City

State

Zip Code

Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES



Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

☐ NO

☐ I don't know

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #2

Provide the full name of the foreign national, if known.

Last name

First name

Middle name

Suffix

☐ I don't know

Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person

☐ Telephone

☐ Electronic (Such as e-mail, texting, chat rooms, etc)

☐ Written correspondence

☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily

☐ Monthly

☐ Annually

☐ Weekly

☐ Quarterly

☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business

☐ Personal (Such as family ties, friendship, affection, common interests, etc)

☐ Obligation (Provide explanation) ▶

☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name

First name

Middle name

Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth.

(Month/Day/Year)

☐ I don't know

☐ Est.

Provide place of birth.

City

☐ I don't know

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

☐ I don't know

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES

→

Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

☐ I don't know

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES

→

Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

☐ NO

☐ I don't know

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #3

Provide the full name of the foreign national, if known.

Last name First name Middle name Suffix ☐ I don't know
Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business ☐ Personal (Such as family ties, friendship, affection, common interests, etc)
☐ Obligation (Provide explanation) ▶ ☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth. ☐ I don't know
(Month/Day/Year)

☐ Est.

Provide place of birth.

☐ I don't know

City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country ☐ I don't know

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO ☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
☐ NO ☐ I don't know

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Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #4

Provide the full name of the foreign national, if known.

Last name First name Middle name Suffix ☐ I don't know
Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

- ☐ Professional or Business ☐ Personal (Such as family ties, friendship, affection, common interests, etc)
☐ Obligation (Provide explanation) ▶ ☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth. ☐ I don't know
(Month/Day/Year)

☐ Est.

Provide place of birth. ☐ I don't know
City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO ☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
☐ NO ☐ I don't know

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities

20A.1 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.) ☐ YES ☒ NO (If NO, proceed to 20A.2)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #1

Specify (Check all that apply): ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of financial interest.

Provide the date acquired. (Month/Day/Year)

☐ Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

☐ Est.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of.

☐ Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)

Date

☐ Est.

☐ Not Applicable

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

Are there any co-owners of this foreign financial interest?

☐ YES ☐ NO

#1 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities (Continued)

Complete the following if you responded "YES" to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #2

Specify (Check all that apply): ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of financial interest.

Provide the date acquired. (Month/Day/Year)

☐ Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of:

☐ Est.

☐ Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)
Date

☐ Est.

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

☐ Not Applicable

Are there any co-owners of this foreign financial interest?

☐ YES ☐ NO

#1 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

20A.2 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf?

☒ YES ☐ NO (If NO, Proceed to 20A.3)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

Entry #2

#1 Provide the full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide your relationship with the co-owner.

#2 Provide the full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide your relationship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

20A.3 Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? ☒ YES ☐ NO (If NO, Proceed to 20A.4)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country.

Entry #1

#2 Provide the full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country.

Entry #2

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	------------------------------------------------------------

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.4 As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? ☐ YES ☒ NO (If NO, Proceed to 20A.5)

Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received of the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #1.

Specify (Check all that apply) ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of benefit. ☐ Educational ☐ Medical ☐ Retirement ☐ Social Welfare
☐ Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. ☐ Onetime benefit (Complete (a)) ☐ Future benefit (Complete (b)) ☐ Continuing benefit (Complete (c))
☐ Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
☐ Quarterly ☐ Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities. - (Continued)

Complete the following if you responded "YES" to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #2

Specify (Check all that apply) ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of benefit. ☐ Educational ☐ Medical ☐ Retirement ☐ Social Welfare
☐ Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. ☐ Onetime benefit (Complete (a)) ☐ Future benefit (Complete (b)) ☐ Continuing benefit (Complete (c))
☐ Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
☐ Quarterly ☐ Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20A - Foreign Activities - (Continued)

20A.6 Have you EVER provided financial support for any foreign national?

☐ YES ☒ NO (If NO, proceed to 20B)

Complete the following if you responded 'Yes' to providing financial support for any foreign national.

Entry #1

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the nature of your relationship with the foreign national listed above.

Provide the amount (in U.S. dollars) of all financial support provided.

☐ Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

Entry #2

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the nature of your relationship with the foreign national listed above.

Provide the amount (in U.S. dollars) of all financial support provided.

☐ Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

- 20B.1 Have you in the past seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? ☐ YES ☒ NO (If NO, proceed to 20B.2)
(Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to having in the past seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

Entry #1

Provide a description of advice/support provided.

Provide the name of the individual to whom advice or support was provided.

Last name

First name

Middle name

Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided.

Describe what compensation, if any, was provided for your service.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Entry #2

Provide a description of advice/support provided.

Provide the name of the individual to whom advice or support was provided.

Last name

First name

Middle name

Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided.

Describe what compensation, if any, was provided for your service.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

For this question, "Immediate Family" means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

- 20B.2 Have you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? ☐ YES ☒ NO (If NO, proceed to 20B.3)
(Answer "No" if all the advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to you, your spouse, cohabitant, or any member of your immediate family having in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency.

Entry #1

Provide the name of the government official.

Last name

First name

Middle name

Suffix

Provide the name of the agency.

Provide the country with which the government official or agency is affiliated.

Provide the date of the request. (Month/Year)

Provide the circumstances of request.

☐ Est.

Entry #2

Provide the name of the government official.

Last name

First name

Middle name

Suffix

Provide the name of the agency.

Provide the country with which the government official or agency is affiliated.

Provide the date of the request. (Month/Year)

Provide the circumstances of request.

☐ Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.3 Has any foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? ☐ YES ☒ NO (If NO, proceed to 20B.4)

Complete the following if you responded 'Yes' to any foreign national having in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them.

Entry #1

Provide the name of the foreign national who made the offer.

Last name

First name

Middle name

Suffix

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

☐ Est.

Did you accept the offer?

☐ YES Explanation ▶

☐ NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City

State

Zip Code

Country

Entry #2

Provide the name of the foreign national who made the offer.

Last name

First name

Middle name

Suffix

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

☐ Est.

Did you accept the offer?

☐ YES Explanation ▶

☐ NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City

State

Zip Code

Country

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.4 Have you in the past seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? ☐ YES ☒ NO (If NO, proceed to 20B.5)

Complete the following if you responded "Yes" to having in the past seven (7) years been involved in any other type of business venture with a foreign national not described above.

Entry #1

Provide the full name of this foreign national.

Last name

First name

Middle name

Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the citizenship(s) of this foreign national.

Country #1

Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the nature of association with this business venture.

Provide the position you held.

☐ Est.

☐ Est.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Entry #2

Provide the full name of this foreign national.

Last name

First name

Middle name

Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the citizenship(s) of this foreign national.

Country #1

Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the nature of association with this business venture.

Provide the position you held.

☐ Est.

☐ Est.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.5 Have you in the past seven (7) years attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) ☐ YES ☒ NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to in the past seven (7) years having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

Entry #1

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the purpose of the event.
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

☐ YES → Provide explanation for each contact.

☐ NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

Entry #2

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the purpose of the event.
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

☐ YES → Provide explanation for each contact.

☐ NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

20B.6 Have you or any member of your immediate family in the past seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.) ☐ YES ☒ NO (If NO, Proceed to 20B.7)

Complete the following if you responded 'Yes' to you or any member of your immediate family having in the past seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

Entry #1

Provide the name of the individual involved in the contact.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

Provide the date of contact.
(Month/Year)

Provide the foreign government(s) involved.
Country #1

Country #2

☐ Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

☐ YES →

☐ NO

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

Entry #2

Provide the name of the individual involved in the contact.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City	State	Zip Code	Country
------	-------	----------	---------

Provide the date of contact.
(Month/Year)

Provide the foreign government(s) involved.
Country #1

Country #2

☐ Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

☐ YES →

☐ NO

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.7 Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

☐ YES ☒ NO (If NO, proceed to 20B.8)

Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #1

Provide the name of the sponsored foreign national.

Last name First name Middle name Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year)

☐ I don't know

☐ Est.

Provide the place of birth for the sponsored foreign national.

City State Zip Code Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1

Country #2

Provide the name of the organization through which sponsorship was arranged, if applicable.

☐ Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Not Applicable

Street City State Zip Code Country

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street City State Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Complete the following if you responded "Yes" to In the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #2

Provide the name of the sponsored foreign national.

Last name First name Middle name Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year) ☐ I don't know

☐ Est.

Provide the place of birth for the sponsored foreign national.

City State Zip Code Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1

Country #2

Provide the name of the organization through which sponsorship was arranged, if applicable.

☐ Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Not Applicable

Street City State Zip Code Country

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street City State Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.8 Have you EVER held political office in a foreign country?

☐ YES ☒ NO (If NO, proceed to 20B.9)

Complete the following if you responded 'Yes' to having EVER held political office in a foreign country.

Entry #1		
Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.
Entry #2		
Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.

20B.9 Have you EVER voted in the election of a foreign country?

☐ YES ☐ NO (If NO, Proceed to 20C)

Complete the following if you responded 'Yes' to having EVER voted in the election of a foreign country.

Entry #1	
Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
Entry #2	
Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years?

☒ YES ☐ NO (If NO, proceed to Section 21)

Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?

☐ YES (If YES, proceed to Section 21) ☒ NO

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #1

Provide the country visited.

Greece

Provide the dates of your travel to this country.

From Date (Month/Year)

06/2014

☐ Est.

To Date (Month/Year)

07/2014

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☐ 1-5

☐ 11-20

☐ More than 30

☐ 6-10

☒ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☐ Tourism

☒ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES → If yes, provide explanation.

☒ NO

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #2

Provide the country visited.

Colombia

Provide the dates of your travel to this country.

From Date (Month/Year)

04/2011

☐ Est.

To Date (Month/Year)

04/2011

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☐ 1-5

☒ 11-20

☐ More than 30

☐ 6-10

☐ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☒ Tourism

☐ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES

→ If yes, provide explanation.

☒ NO

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #3

Provide the country visited.

Bulgaria

Provide the dates of your travel to this country.

From Date (Month/Year)

08/2008

☐ Est.

To Date (Month/Year)

08/2008

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☒ 1-5

☐ 11-20

☐ More than 30

☐ 6-10

☐ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☒ Tourism

☐ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES → If yes, provide explanation.

☒ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #4

Provide the country visited.

Macedonia

Provide the dates of your travel to this country.
From Date (Month/Year) To Date (Month/Year)

08/2008

☐ Est.

08/2008

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☒ 1-5

☐ 11-20

☐ More than 30

☐ 6-10

☐ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☒ Tourism

☐ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES

→ If yes, provide explanation.

☒ NO

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21 - Psychological and Emotional Health

Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

- 21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:
- strictly marital, family, grief not related to violence by you; or
 - strictly related to adjustments from service in a military combat environment
- Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No.

☒ YES ☐ NO (If NO, proceed to Section 22)

Complete the following if you responded 'Yes' to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition.

Entry #1

Provide the dates of counseling or treatment.

From Date
(Month/Year)

To Date
(Month/Year)

☒ Present

04/2014

☐ Est.

☐ Est.

Provide the name of the health care professional.

Provide the telephone number of the health care professional.

☐ International or DSN phone number ☒ Day ☐ Night

Extension

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

210 E Harvard Blvd

Santa Paula

ca

Provide the name of agency/organization/facility where counseling/treatment was provided.

Community Memorial Health Clinic (for Anxiety)

☒ Same as above

Provide the address of agency/organization/facility provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

☒ Same as above

Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided?

☐ YES ☒ NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

☐ Voluntary

☐ Involuntary

Explanation ▶

Entry #2

Provide the dates of counseling or treatment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the health care professional.

Provide the telephone number of the health care professional.

☐ International or DSN phone number ☐ Day ☐ Night

Telephone number

Extension

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide the name of agency/organization/facility where counseling/treatment was provided.

☐ Same as above

Provide the address of agency/organization/facility provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

☐ Same as above

Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided?

☐ YES ☐ NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

☐ Voluntary

☐ Involuntary

Explanation ▶

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 21 - Psychological and Emotional Health - (Continued)

21.2 Has a court or administrative agency EVER declared you mentally incompetent?

☐ YES ☒ NO (If NO, proceed to Section 22)

Complete the following if you responded 'Yes' to having a court or administrative agency EVER declare you mentally incompetent.

Entry #1

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.

☐ Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court?

☐ YES ☐ NO

Appeal #1

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Entry #2

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.

☐ Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court?

☐ YES ☐ NO (If NO, proceed to Section 22)

Appeal #1

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 22.1 Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.) ☐ YES ☒ NO (If NO, proceed to 22.2)
- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
 - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
 - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
 - In the past seven (7) years have you been or are you currently on probation or parole?
 - Are you currently on trial or awaiting a trial on criminal charges?

Entry #1

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

☐ Est.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply.)

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

☐ YES ☐ NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- ☐ YES → Provide the name of the court. (If YES, complete (c.1))
- ☐ NO → Provide explanation →

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

(d) Were you sentenced as a result of this offense?

☐ YES (If YES, complete (d.1)) ☐ NO (If NO, complete (d.2))

(d.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR
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Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2

Provide the date of offense. (Month/Year) ☐ Est. Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply.)

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

☐ YES ☐ NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

☐ YES → Provide the name of the court. (If YES, complete (c.1))

☐ NO → Provide explanation

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded "Yes" to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

(d) Were you sentenced as a result of this offense?

☐ YES (If YES, complete (d.1)) ☐ NO (If NO, complete (d.2))

(d.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

22.2 Other than those offenses already listed, have you EVER had the following happen to you? ☐ YES ☐ NO (If NO, proceed to 22.3)

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Have you EVER been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

Entry #1

Provide the date of offense. (Month/Year)

Provide a description of the specific nature of the offense.

☐ Est.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply).

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City

County

State

Zip Code

Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

☐ YES (If YES, complete (b.1)) ☐ NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

Enter your Social Security Number before going to the next page

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Section 22 - Police Record - (Continued)

Entry #2

Provide the date of offense. (Month/Year)

☐ Est.

Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply).

☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?

☐ Involve firearms or explosives?

☐ Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City

County

State

Zip Code

Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

☐ YES (If YES, complete (b.1)) ☐ NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 22 - Police Record - (Continued)

22.3 Is there currently a domestic violence protective order or restraining order issued against you? ☐ YES ☐ NO (If NO, proceed to Section 23)

Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?

Entry #1

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #2

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #3

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

- 23.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. ☐ YES ☒ NO (If NO, proceed to 23.2)

Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, Jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

☐ Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

☐ YES ☐ NO

Was your use while possessing a security clearance?

☐ YES ☐ NO

Do you intend to use this drug or controlled substance in the future?

☐ YES ☐ NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Entry #2

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, Jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

☐ Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

☐ YES ☐ NO

Was your use while possessing a security clearance?

☐ YES ☐ NO

Do you intend to use this drug or controlled substance in the future?

☐ YES ☐ NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2 In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? ☐ YES ☐ NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

Entry #1.

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

☐ Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Do you intend to engage in this activity in the future?

☐ YES → Provide explanation.
☐ NO

Entry #2

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

☐ Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Do you intend to engage in this activity in the future?

☐ YES → Provide explanation.
☐ NO

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

- 23.3 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed? ☐ YES ☐ NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.

Entry #1

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Entry #2

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

- 23.4 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? ☐ YES ☐ NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having EVER illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

Entry #1

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? ☐ YES ☐ NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to In the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.6 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

☐ YES ☒ NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment?

☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Complete the following if you responded "Yes" to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional

Provide explanation ▶

Did you take action to receive counseling or treatment?

☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- ☐ Cocaine or crack cocaine (Such as rock, freebase, etc.) ☐ Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
☐ THC (Such as marijuana, weed, pot, hashish, etc.) ☐ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
☐ Ketamine (Such as special K, jet, etc.) ☐ Steroids (Such as the clear, juice, etc.)
☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.) ☐ Inhalants (Such as toluene, amyl nitrate, etc.)
☐ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) ☐ Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

☐ International or DSN phone number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.7 Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? ☐ YES ☐ NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Entry #1

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) > |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

- ☐ International or DSN phone number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

Entry #2

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) > |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

- ☐ International or DSN phone number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol

- 24.1 In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? ☐ YES ☒ NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

Entry #1

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #2

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #3

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #4

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 24 - Use of Alcohol - (Continued)

24.2 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? ☐ YES ☒ NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional ☐ Other (Provide explanation) ▶

Did you take action to receive counseling or treatment? ☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional ☐ Other (Provide explanation) ▶

Did you take action to receive counseling or treatment? ☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 24 - Use of Alcohol - (Continued)

24.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?

☐ YES ☒ NO (If NO, proceed to 24.4)

Complete the following if you responded "Yes" to voluntarily seeking counseling or treatment.

Entry #1

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Entry #2

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 24 - Use of Alcohol - (Continued)

24.4 Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? ☐ YES ☒ NO (If NO, proceed to Section 25)

Complete the following if you responded "Yes" to having EVER received counseling or treatment as a result of your use of alcohol.

Entry #1

Provide the name of the individual counselor or treatment provider.

Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.

Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est. ☐ Est.

Did you successfully complete your counseling or treatment?

☐ YES (Provide explanation) ☐ NO (Provide explanation)

Explanation

Entry #2

Provide the name of the individual counselor or treatment provider.

Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.

Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est. ☐ Est.

Did you successfully complete your counseling or treatment?

☐ YES (Provide explanation) ☐ NO (Provide explanation)

Explanation

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record

25.1 Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access? ☒ YES ☐ NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Entry #1

Provide the investigating agency:

- | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input checked="" type="checkbox"/> Foreign government (Provide name of government) ▶ Russia |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Russian Government

Date the investigation was completed (Month/Year) <input checked="" type="checkbox"/> I don't know <input type="checkbox"/> Est.	Provide the date clearance eligibility/access was granted. (Month/Year) <input checked="" type="checkbox"/> I don't know 09/2010 <input type="checkbox"/> Est.
-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the level of clearance eligibility/access granted:

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ Tourist |

Entry #2

Provide the investigating agency:

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input checked="" type="checkbox"/> Foreign government (Provide name of government) ▶ Belarus |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Belarussian Government

Date the investigation was completed (Month/Year) <input checked="" type="checkbox"/> I don't know 09/2010 <input checked="" type="checkbox"/> Est.	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know 10/2010 <input type="checkbox"/> Est.
--------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

Provide the level of clearance eligibility/access granted:

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ Tourist |

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record - (Continued)

25.2 Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) ☐ YES ☒ NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked.

Entry #1

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

☐ Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

Entry #2

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

☐ Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

25.3 Have you EVER been debarred from government employment? ☐ YES ☐ NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having EVER been debarred from government employment.

Entry #1

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

☐ Est.

Provide an explanation of the circumstances of the debarment.

Entry #2

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

☐ Est.

Provide an explanation of the circumstances of the debarment.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 26 - Financial Record

26.1 In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? ☐ YES ☒ NO (If NO, proceed to 26.2)

Complete the following if you responded 'Yes' to In the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

Entry #1

Select the applicable bankruptcy petition type.

☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. (Month/Year)

☐ Est.

Provide the date of bankruptcy discharge. (Month/Year)

☐ Not Applicable

☐ Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

☐ Est.

Provide the name debt is recorded under.

Last name

First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy?

☐ YES (Provide explanation)

☐ NO (Provide explanation)

Provide Explanation.

Entry #2

Select the applicable bankruptcy petition type.

☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. (Month/Year)

☐ Est.

Provide the date of bankruptcy discharge. (Month/Year)

☐ Not Applicable

☐ Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

☐ Est.

Provide the name debt is recorded under.

Last name

First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy?

☐ YES (Provide explanation)

☐ NO (Provide explanation)

Provide Explanation.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 26 - Financial Record - (Continued)

26.2 Have you EVER experienced financial problems due to gambling?

☐ YES ☒ NO (If NO, proceed to 26.3)

Complete the following if you responded 'Yes' to having EVER experienced financial problems due to gambling.

Entry #1

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) ☐ Est. To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

Entry #2

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) ☐ Est. To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

26.3 In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

☐ YES ☒ NO (If NO, proceed to 26.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

Entry #1

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

☐ File ☐ Pay ☐ Both ☐ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
☐ Est. ☐ Not Applicable
☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Entry #2

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

☐ File ☐ Pay ☐ Both ☐ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
☐ Est. ☐ Not Applicable
☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 26 - Financial Record - (Continued)

26.4 In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? ☐ YES ☒ NO (If NO, proceed to 26.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

Entry #1

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action

☐ Est.

Provide the amount (in U.S. dollars) of violation.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

☐ Est.

Entry #2

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action

☐ Est.

Provide the amount (in U.S. dollars) of violation.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

☐ Est.

26.5 Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? ☐ YES ☐ NO (If NO, proceed to 26.6)

Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

Entry #1

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Entry #2

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below) ☐ YES ☒ NO (If NO, Proceed to 26.7)
- In the past seven (7) years, you have been delinquent on alimony or child support payments.
 - In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☐ NO (If NO, Proceed to 26.7)

- ☐ In the past seven (7) years, you have been delinquent on alimony or child support payments.
- ☐ In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

Provide the name of the court involved.

☐ Est.

☐ Not Resolved

☐ Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☐ NO (If NO, Proceed to 26.7)

- ☐ In the past seven (7) years, you have been delinquent on alimony or child support payments.
- ☐ In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

☐ Est.

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

26.7 Other than previously listed, have any of the following happened?

☐ YES ☐ NO (If NO, proceed to Section 27)

- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you were evicted for non-payment?
- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☒ NO (If NO, proceed to Section 27)

- ☐ In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you were evicted for non-payment?
- ☐ In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- ☐ In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☒ NO (If NO, proceed to Section 27)

- ☐ In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you were evicted for non-payment?
- ☐ In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- ☐ In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

27.1 In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? ☐ YES ☒ NO (If NO, proceed to 27.2)

Complete the following if you responded "Yes" to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

27.2 In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? ☐ YES ☐ NO (If NO, proceed to 27.3)

Complete the following if you responded "Yes" to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 27 - Use of Information Technology Systems - (Continued)

- 27.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? ☐ YES ☒ NO (If NO, proceed to Section 28)

Complete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved:
OMB No. 3206-0005

Section 28 - Involvement in Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form? ☐ YES ☒ NO (If NO, proceed to Section 29)

Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years.

Entry #1

Provide the date of the civil action. (Month/Year) Provide the court name.

☐ Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Entry #2

Provide the date of the civil action. (Month/Year) Provide the court name.

☐ Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action. Provide a description of the results of the action. Provide the name(s) of the principal parties involved in the court action.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

29.1 Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? ☐ YES ☒ NO (If NO, proceed to 29.2)

Complete the following if you responded 'YES' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.
From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.
From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Form approved:
OMB No. 3206-0005

Section 29 - Association Record - (Continued)

29.2 Have you EVER knowingly engaged in any acts of terrorism?

☐ YES ☒ NO (If NO, proceed to 29.3)

Complete the following if you responded 'Yes' to EVER having knowingly engaged in any acts of terrorism.

Entry #1

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

☐ Est.

☐ Present

☐ Est.

Entry #2

Describe the nature and reasons for the activity.

Provide the dates for any such activities.

From Date (Month/Year)

To Date (Month/Year)

☐ Est.

☐ Present

☐ Est.

29.3 Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

☐ YES ☐ NO (Proceed to 29.4)

Complete the following if you responded 'Yes' to having EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

Entry #1

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

☐ Est.

☐ Present

☐ Est.

Entry #2

Provide the reason(s) for advocating acts of terrorism.

Provide the dates of advocating acts of terrorism.

From Date (Month/Year)

To Date (Month/Year)

☐ Est.

☐ Present

☐ Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 29 - Association Record - (Continued)

- 29.4 Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? ☐ YES ☒ NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Provide all positions held in the organization, if any.

☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Provide all positions held in the organization, if any.

☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 29 - Association Record - (Continued)

29.5 Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? ☐ YES ☒ NO (If NO, proceed to 29.6)

Complete the following if you responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions (in U.S. dollars) ☐ No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions (in U.S. dollars) ☐ No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? ☐ YES ☒ NO (If NO, proceed to 29.7)

Complete the following if you responded 'Yes' to having EVER knowingly engaged in activities designed to overthrow the U.S. Government by force.

Entry #1	
Describe the nature and reasons for the activity.	Provide the dates of such activities.
	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Entry #2	
Describe the nature and reasons for the activity.	Provide the dates of such activities.
	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.

29.7 Have you EVER associated with anyone involved in activities to further terrorism? ☐ YES ☐ NO

Complete the following if you responded 'Yes' to having EVER associated with anyone involved in activities to further terrorism.

Entry #1
Provide explanation.
Entry #2
Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Continuation Space

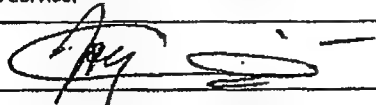
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to continue answers, to all other items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each blank sheet (s). Before each answer, identify the number of the item and attempt to maintain sequential order and question format.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)



Date signed (mm/dd/yyyy)

07/15/2015

Enter your Social Security Number before going to the next page

069-68-8543

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, reinvestigation or continuous evaluation (as defined in Executive Order 12968 as amended by Executive Order 13467) to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

I **Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the United States Office of Personnel Management (OPM) or other Federal agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to OPM, or to the other Federal agency requesting or conducting my investigation, in the event of a discrepancy.

I **Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

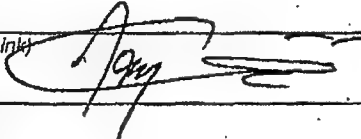
I **Authorize** any investigator, special agent, or other duly accredited representative of the OPM, the Federal Bureau of Investigation, the Department of Defense, the Department of State, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a national security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be disclosed by the Government only as authorized by law.

I **Authorize** the information to be used to conduct officially sanctioned and approved personnel security-related studies and analyses, which will be maintained in accordance with the Privacy Act.

Photocopies of this authorization with my signature are valid. This authorization shall remain in effect so long as I remain employed in a sensitive position requiring eligibility for access to classified information.

Signature (Sign in ink) 		Full name (Type or print legibly) Jason Leiderman		Date signed (mm/dd/yyyy) 07/15/2015
Other names used Jay Leiderman			Date of birth 04/12/1971	Social Security Number 069-68-8543
Current street address Apt. # 5740 Ralston St ste 300	City (Country) Ventura	State CA	Zip Code 93003	Home telephone number (805) 861-8282

Enter your Social Security Number before going to the next page

069-68-8543

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

**UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT
TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

If you answered "Yes" to Question 21, carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

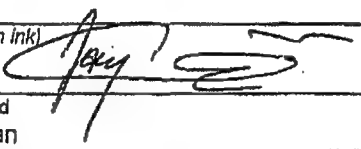
Authorization

I am seeking assignment to or retention in a national security position. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations.

In accordance with HIPAA, I understand that I have the right to revoke this authorization at any time by writing to the U.S. Office of Personnel Management. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. Further, I understand that this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I understand the information disclosed pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be disclosed by the Government only as authorized by law, but will no longer be subject to the HIPAA privacy rule.

Photocopies of this authorization with my signature are valid. This authorization is valid for one (1) year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 		Full name (Type or print legibly) Jason Leiderman		Date signed (mm/dd/yyyy) 07/15/2015	
Other names used Jay Leiderman		Social Security Number 069-68-8543			
Current street address Apt. # 5740 Ralston St ste 300	City (Country) Ventura	State CA	Zip Code 93003	Home telephone number (805) 861-8282	

For Use By Practitioner(s) Only

Does the person under investigation have a condition that could impair his or her judgment, reliability, or ability to properly safeguard classified national security information?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If so, describe the nature of the condition and the extent and duration of the impairment or treatment.		
What is the prognosis?		
Dates of treatment?		
Signature (Sign in ink)	Practitioner name	Date signed (mm/dd/yyyy)

Enter your Social Security Number before going to the next page

069-68-8543

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

UNITED STATES OF AMERICA

FAIR CREDIT REPORTING DISCLOSURE AND AUTHORIZATION

Disclosure

One or more reports from consumer reporting agencies may be obtained for employment purposes pursuant to the Fair Credit Reporting Act, codified at 15 U.S.C. § 1681 et seq.

Purpose

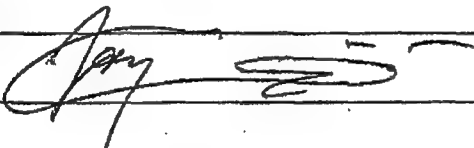
Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with a background investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, and/or (3) eligibility for a sensitive position or access to classified information. The information obtained may be disclosed to other Federal agencies for the above purposes in fulfillment of official responsibilities to the extent that such disclosure is permitted by law. Information from the consumer report will not be used in violation of any applicable Federal or state equal employment opportunity law or regulation.

Authorization

I hereby authorize the investigative agency conducting my background to obtain such reports from any consumer reporting agency for employment purposes described above.

Note: If you have a security freeze on your consumer or credit report file, then we may not be able to complete your investigation, which can adversely affect your eligibility for a national security position. To avoid such delays, you should request that the consumer reporting agencies lift the freeze in these instances.

Your Social Security Number (SSN) is needed to identify your unique records. Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your background investigation. The authority for soliciting and verifying your SSN is Executive Order 9397.

Print Name Jason Leiderman	Social Security Number 069-68-8543
Signature (Sign in Ink) 	Date signed (mm/dd/yyyy) 07/16/2015

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

LOCATION CODES

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
District of Columbia	DC	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Florida	FL	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
Georgia	GA								
American Samoa	AS	Johnson Atoll	JQ	Midway Islands	MQ	Palmyra Atoll	LQ	Wake Island	WQ
Baker Island	FQ	Kingman Reef	KQ	Navassa Island	BQ	Puerto Rico	PR	APO/FPO America	AA
Guam	GU	Marshall Islands	MH	Northern Mariana Islands	MP	Virgin Islands, United States	VI	APO/FPO Europe	AE
Howland Island	HO	Micronesia, Federated States	FM	Palau	PW			APO/FPO Pacific	AP
Jarvis Island	DQ								

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 150 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0005, 1900 E. Street N.W., Washington, DC 20415. Do not send your completed form to this address; send it to the office that provided you the form. The OMB clearance number, 3206-0005, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

AGENCY USE BLOCK "AUB"

Investigating agency user only

Codes: (FIPC CODES)

Case Number:

FOR COMPETITIVE SERVICE INITIAL APPOINTMENTS ONLY: WHEN THE OF306, RESUME, AND OTHER INFORMATION PROVIDED IN THE HIRING PROCESS APPEARS TO BE DISCREPANT WITH INFORMATION PROVIDED ON THIS QUESTIONNAIRE, THOSE DISCREPANT DOCUMENTS MUST BE FORWARDED WITH THIS QUESTIONNAIRE TO OPM FOR ACTION.

A Type of Investigation		B Extra coverage/Advance results		C Sensitivity level		Compu/ADP		D Access/Eligibility		E Nature of action code	
F Date of action (Month/Day/Year)		G Geographic location		H Position code		I Position title		J SON (Submitting Office Number)			
K Location of official personnel folder		None NPRC		At SON e-OPF		Other		Other address/Web address of e-OPF		Zip Code	
L SOI (Security Office Identifier)		M Location of security folder		None NPI		At SOI Other		Other address		Zip Code	
N IPAC		O Treasury Account Symbol		P Obligating document number		Q Business Event Type Code					
R Accounting data and/or Agency case number								S Investigative requirement		Initial Reinvestigation	
T Requesting official - Name				Title				Signature			
Email address								Telephone number (Include Ext.)		Date (Month/Day/Year)	
U Secondary requesting official - Name						Title					
Email address				Telephone number (Include Ext.)		V Applicant affiliation		FED CIV MIL		CON Other	
W Deployment/PCS - (Do not provide deployment data if Classified or Sensitive Information) Location (if imminent)											
From (Month/Day/Year)		Est.		To (Month/Day/Year)		Est.		Reason(s) for temporary duty assignment or PCS Permanent Relocation			
Point of contact at location		Telephone number (Include Ext.)		Address/Unit/Duty location (Include City or Post Name)							
Commercial and Government Entity (CAGE) Code						Contract Number					
Agency Special Instructions for the Investigative Service Provider.											

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

PERSONS COMPLETING THIS FORM SHOULD BEGIN WITH THE QUESTIONS BELOW AFTER CAREFULLY READING THE PRECEDING INSTRUCTIONS.

I have read the instructions and I understand that if I withhold, misrepresent, or falsify information on this form, I am subject to the penalties for inaccurate or false statement (per U. S. Criminal Code, Title 18, section 1001), denial or revocation of a security clearance, and/or removal and debarment from Federal Service.

☒ YES ☐ NO

Section 1 - Full Name

Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix.

Last name	First name	Middle name	Suffix
Leiderman	Jason	Scott	

Section 2 - Date of Birth

Provide your date of birth.
(Month/Day/Year)

04/12/1971

Section 3 - Place of Birth

Provide your place of birth.
City

New York (Queens)

County

Queens

State

ny

Country (Required)

United States

Section 4 - Social Security Number

Provide your U.S. Social Security Number.

069-68-8543

☐ Not applicable

Section 5 - Other Names Used

Have you used any other names?

☒ YES ☐ NO (If NO, proceed to Section 6)

Complete the following if you have responded 'Yes' to having used other names.

Provide your other name(s) used and the period of time you used it/them [for example: your maiden name(s), name(s) by a former marriage, former name(s), alias(es), or nickname(es)]. If you have only initials in your name(s), provide them and indicate "Initial only." If you do not have a middle name(s), indicate "No Middle Name" (NMN). If you are a "Jr.," "Sr.," etc. enter this under Suffix.

#1 Last name	First name	Middle name	Suffix
Leiderman	Jay		
From (Month/Year) 01/1971	To (Month/Year) 07/2015	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Provide the reason(s) why the name changed Nickname
#2 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
#3 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed
#4 Last name	First name	Middle name	Suffix
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the reason(s) why the name changed

Section 6 - Your Identifying Information

Provide your identifying information.

Height	Weight (in pounds)	Hair color	Eye color	Sex
5 (feet) 10 (inches)	170	Brown	Blue	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3205-0005

Section 7 - Your Contact Information

Provide your contact information.

Home e-mail address

Work e-mail address

jay@criminal-lawyer.me

☐ International or DSN phone number

Home telephone number Extension ☐ Day

(805) 861-8282 ☒ Night

☐ International or DSN phone number

Work telephone number Extension ☒ Day

(805) 654-0200 24 ☐ Night

☐ International or DSN phone number

Mobile/Cell telephone number Extension ☐ Day

(805) 861-8282 ☐ Night

Section 8 - U.S. Passport Information

Do you possess a U.S. passport (current or expired)?

☒ YES ☐ NO (If NO, proceed to Section 9)

Provide the following information for the most recent U.S. passport you currently possess.

Passport number

448919031

Issue date (Month/Day/Year)

07/15/2008

☐ Est.

Expiration date (Month/Day/Year)

07/14/2018

☐ Est.

The following link will provide U.S. State Department
passport help. <http://travel.state.gov/passport>

Provide the name in which passport was first issued.

Last name

Leiderman

First name

Jason

Middle name

Scott

Suffix

Section 9 - Citizenship

Select the box that reflects your current citizenship status.

☒ I am a U.S. citizen or national by birth in the U.S. or U.S. territory/commonwealth.
(Proceed to Section 10)

☐ I am a naturalized U.S. citizen. (Complete 9.2)

☐ I am a U.S. citizen or national by birth, born to U.S. parent(s), in a foreign country.
(Complete 9.1)

☐ I am not a U.S. citizen. (Complete 9.3)

9.1 Complete the following if you answered that you are a U.S. citizen or national by birth, born to U.S. parent(s) in a foreign country.

Provide type of documentation of U.S. citizen born abroad.

☐ FS240 or FS545 ☐ DS 1350 ☐ Other (Provide explanation) ▶

Provide document number for U.S. citizen born abroad.

Provide the date the document was issued. (Month/Day/Year)

☐ Est.

Provide the place of issuance. (Provide City and Country if outside the United States; otherwise, provide City and State.)

City

State

Country

Provide the name in which document was issued.

Last name

First name

Middle name

Suffix

Provide your citizenship certificate number.

Provide the name of the court that issued the citizenship certificate.

Provide the address of the court that issued the citizenship certificate.

Street

City

State

Zip Code

Provide the name in which the certificate was issued.

Last name

First name

Middle name

Suffix

Provide the date the certificate was issued. (Month/Day/Year)

☐ Est.

Were you born on a U.S. military installation?

☐ YES

☐ NO (If NO, proceed to Section 10)

Provide the name of the base.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 9 - Citizenship - (Continued)

9.2 Complete the following if you answered that you are a naturalized U.S. citizen.

Provide the date of entry into the U.S.
(Month/Day/Year)

☐ Est.

Provide the location of entry into the U.S.
City

State

Provide country(ies) of prior citizenship.
#1 Country

#2 Country

Do/did you have a U.S. alien registration number?

☐ YES

☐ NO

Provide your U.S. alien registration number.

Provide your citizenship certificate
number.

Provide the date the citizenship certificate was
issued. (Month/Day/Year)

☐ Est.

Provide the name of the court that issued the citizenship
certificate.

Provide the address of the court that issued the citizenship certificate.
Street

City

State

Zip Code

Provide the name in which the citizenship certificate was issued.
Last name

First name

Middle name

Suffix

Provide your naturalization certificate number.

Provide the date the naturalization certificate was issued. (Month/Day/Year)

☐ Est.

Provide the name of the court that issued the
naturalization certificate.

Provide the address of the court that issued the naturalization certificate.
Street

City

State

Zip Code

Provide the name in which the naturalization certificate was issued.
Last name

First name

Middle name

Suffix

Provide the basis of naturalization.

☐ Based on my own individual naturalization application

☐ Other (Provide explanation) ▶

☐ By operation of law through my U.S. citizen parent

9.3 Complete the following if you answered that you are not a U.S. citizen.

Provide your residence status.

Provide your date of entry in the U.S. (Month/Day/Year)

☐ Est.

Provide country(ies) of prior citizenship.
#1 Country

#2 Country

Provide your place of entry in the U.S.
City

State

Provide your alien registration number.

Provide type of document issued. (I-94, etc.)

☐ I-94

☐ U.S. Visa

☐ Other (Provide explanation) ▶

Provide document number.

Provide the date document was issued (Month/Day/Year)

☐ Est.

Provide the expiration date of visa. (Month/Day/Year)

☐ Est.

Provide the name in which the document was issued.

Last name

First name

Middle name

Suffix

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information

10.1 Do you now or have you EVER held dual/multiple citizenships?

☐ YES ☒ NO (If NO, proceed to 10.2)

Complete the following if you answered 'Yes' to having EVER held dual/multiple citizenship.

Entry #1

Provide country of citizenship.

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Have you taken any action to renounce your foreign citizenship?

☐ YES ☐ NO

Provide explanation:

Do you currently hold citizenship with this country?

☐ YES ☐ NO

Provide explanation:

Entry #2

Provide country of citizenship.

During what period of time did you hold citizenship with this country?

(Provide the date range that you held this citizenship, beginning with the date it was acquired through its termination or "Present," whichever is appropriate.)

How did you acquire this non-U.S. citizenship you now have or previously had?

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Have you taken any action to renounce your foreign citizenship?

☐ YES ☐ NO

Provide explanation:

Do you currently hold citizenship with this country?

☐ YES ☐ NO

Provide explanation:

10.2 Have you EVER been issued a passport (or identity card for travel) by a country other than the U.S.?

☐ YES ☒ NO (If NO, proceed to Section 11)

Complete the following if you answered 'Yes' to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #1

Provide the country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

☐ Est.

Provide the place the passport (or identity card) was issued.
City

Country

Provide the name in which passport (or identity card) was issued.
Last name First name

Middle name

Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)

☐ Est.

Have you EVER used this passport (or identity card) for foreign travel?

☐ YES ☐ NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 10 - Dual/Multiple Citizenship & Foreign Passport Information - (Continued)

Complete the following if you answered "Yes" to having been issued a passport (or identity card for travel) by a country other than the U.S.

Entry #2

Provide country in which the passport (or identity card) was issued.

Provide the date the passport (or identity card) was issued. (Month/Day/Year)

☐ Est.

Provide the place the passport (or identity card) was issued.

City

Country

Provide the name in which passport (or identity card) was issued.

Last name

First name

Middle name

Suffix

Provide the passport (or identity card) number.

Provide the passport (or identity card) expiration date. (Month/Day/Year)

☐ Est.

Have you EVER used this passport (or identity card) for foreign travel?

☐ YES ☐ NO

Provide the countries to which you traveled on this passport (or identity card) and the dates involved with each.

Country	From date (Month/Year)	To date (Month/Year)
#1	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#2	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#3	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#4	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#5	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present
#6	<input type="checkbox"/> Est.	<input type="checkbox"/> Est. <input type="checkbox"/> Present

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 11 - Where You Have Lived

List the places where you have lived beginning with your present residence and working back 10 years. Residences for the entire period must be accounted for without breaks. Indicate the actual physical location of your residence, not a Post Office box or a permanent residence when you were not physically located there. If you split your time between one or more residences during a time period, you must list all residences. Do not list residence before your 18th birthday unless to provide a minimum of 2 years residence history.

You are not required to list temporary locations of less than 90 days that did not serve as your permanent or mailing address.

For any address in the last 3 years, provide a person who knew you at that address, and who preferably still lives in that area. Do not list people who knew you well for residences completely outside this 3-year period, and do not list your spouse, cohabitant or other relatives.

Enter residence information.

Entry #1

Provide dates of residence.

From Date (Month/Year)

To Date (Month/Year)

☒ Present

Is/was this residence:

☒ Owned by you

☐ Rented or leased by you

04/2012

☐ Est.

☐ Est.

☐ Military housing

☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did you have an APO/FPO address while at this location?

☐ YES →
☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of a neighbor or other person who knows you at this address.

Provide date of last contact.

b6
b7C

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #2

Provide dates of residence.

From Date (Month/Year) To Date (Month/Year) ☐ Present
11/2001 ☐ Est. 04/2012 ☐ Est.

Is/was this residence:

☒ Owned by you ☐ Rented or leased by you
☐ Military housing ☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
340 Blackfoot Lane	VENTURA	CA	93001	

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location	City or Post Name	State	Zip Code	Country
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(b) Did you have an APO/FPO address while at this location?

☐ YES →
☒ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of a neighbor or other person who knows you at this address

Provide date of last contact

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #3

Provide dates of residence.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Is/was this residence:

☐ Owned by you

☒ Rented or leased by you

03/2000

☐ Est.

11/2001

☐ Est.

☐ Military housing

☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

6700 Telephone Road

VENTURA

ca

93003

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for parts in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did you have an APO/FPO address while at this location?

☐ YES →
☒ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of a neighbor or other person who knows you at this address.

Provide date of last contact.

b6

b7C

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 11 - Where You Have Lived - (Continued)

Enter residence information.

Entry #4

Provide dates of residence.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Is/was this residence:

☐ Owned by you

☒ Rented or leased by you

08/1996

☐ Est.

03/2000

☐ Est.

☐ Military housing

☐ Other (Provide explanation) ▶

Provide the street address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

398 Willard North

SA n Francisco

ca

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did you have an APO/FPO address while at this location?

☐ YES →

Address

APO or FPO

APO/FPO State Code

Zip Code

☒ NO

b6
b7C

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 12 - Where You Went to School

Do not list education before your 18th birthday, unless to provide a minimum of two years of education history.

(a) Have you attended any schools in the last 10 years?

☐ YES ☒ NO

(b) Have you received a degree or diploma more than 10 years ago?

☒ YES ☐ NO (If NO to 12(a) and 12(b), proceed to Section 13A)

Entry #1

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)

08/1996

☐ Est.

04/1999

☐ Present

☐ Est.

Select the most appropriate code to describe your school.

☐ High School

☐ Vocational/Technical/Trade School

☒ College/University/Military College

☐ Correspondence/Distance/Extension/Online School

Provide the name of the school.

University of San Francisco School of Law

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

2130Fulton St

City

San Francisco

State

ca

Zip Code

94117

Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know

Last name

First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number for this person.

Telephone number

Extension

☐ I don't know

☐ International or DSN phone number

☐ Day ☐ Night

Provide email address for this person.

☐ I don't know

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)

Other degree/diploma

Date awarded
(Month/Year)

Est.

Professional Degree (e.g. MD, DVM, JD)

☐

☐

Entry #2

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year)

06/1989

☐ Est.

05/1993

☐ Present

☐ Est.

Select the most appropriate code to describe your school.

☐ High School

☐ Vocational/Technical/Trade School

☒ College/University/Military College

☐ Correspondence/Distance/Extension/Online School

Provide the name of the school.

University Of Michigan

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

500 S. State Street

City

Ann Arbor

State

mi

Zip Code

48109

Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know

Last name

First name

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 12 - Where You Went to School - (Continued)

Entry #2 (Continued)

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

Provide telephone number for this person.	<input type="checkbox"/> I don't know	Provide email address for this person.	<input type="checkbox"/> I don't know
Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night			

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
Bachelor's			<input type="checkbox"/>
			<input type="checkbox"/>

Entry #3

Provide the dates of attendance.

From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> High School	<input type="checkbox"/> Vocational/Technical/Trade School
09/1984	<input checked="" type="checkbox"/> Est. 06/1989	<input type="checkbox"/> Est.	<input type="checkbox"/> College/University/Military College	<input type="checkbox"/> Correspondence/Distance/Extension/Online School

Provide the name of the school.

Clarkstown High School South

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
31 Demarest Mill Rd	West Nyack	ny	10994	

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

<input type="checkbox"/> I don't know	Last name	First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country

Provide telephone number for this person.	<input type="checkbox"/> I don't know	Provide email address for this person.	<input type="checkbox"/> I don't know
Telephone number Extension <input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night			

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
High School Diploma			<input type="checkbox"/>
			<input type="checkbox"/>

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 12 - Where You Went to School - (Continued)

Entry #4

Provide the dates of attendance.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Select the most appropriate code to describe your school.

☐ High School ☐ Vocational/Technical/Trade School
☐ College/University/Military College ☐ Correspondence/Distance/Extension/Online School

Provide the name of the school.

Provide the street address of the school. For correspondence/distance/extension/online schools, provide the address where the records are maintained. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

For schools you attended in the last 3 years, list a person who knew you at the school (instructor, student, etc.). Do not list people for education periods completed more than 3 years ago. For correspondence/distance/extension/online schools, list someone who knew you while you received this education.

☐ I don't know Last name First name

Provide current address for this person (including apartment number). (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide telephone number for this person.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

☐ I don't know

Provide email address for this person.

☐ I don't know

Did you receive a degree/diploma?

☐ YES ☐ NO

Provide type of degrees(s)/diploma(s) received and date(s) awarded.

Degree/diploma (High School Diploma, Associate's, Bachelor's, Master's, Doctorate, Professional Degree (e.g. MD, DVM, JD), Other)	Other degree/diploma	Date awarded (Month/Year)	Est.
			<input type="checkbox"/>
			<input type="checkbox"/>

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities

List all of your employment activities, including unemployment and self-employment, beginning with the present and working back 10 years. The entire period must be accounted for without breaks. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of 2 years employment history.

Entry #1

Select your employment activity:

- ☐ Active military duty station (Complete 13A.1, 13A.5 and 13A.6)
- ☐ National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)
- ☐ USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)
- ☐ Other Federal employment (Complete 13A.2, 13A.5 and 13A.6)

- ☐ State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)
- ☐ Self-employment (Complete 13A.3, 13A.5 and 13A.6)
- ☐ Unemployment (Complete 13A.4)
- ☐ Federal Contractor (Complete 13A.2, 13A.5 and 13A.6)

- ☒ Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)
- ☐ Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☒ Present

Select the employment status for
this position:

☒ Full-time

☐ Part-time

Provide your assigned duty station during this period.
Owner

Provide your most recent rank/position title.
Lawyer

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

5740 Ralston St Ste 300

Ventura

ca

93003

Telephone number

Extension

☐ International or DSN phone number

(805) 654-0200

24

☒ Day ☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Do you or did you have an APO/FPO address while at this location?

☐ YES →

Address

APO or FPO

APO/FPO State Code

Zip Code

☒ NO

Provide the name of your supervisor.

None

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

Select the employment status for
this position:

☒ Full-time

☐ Part-time

Provide most recent position title.

Deputy Public Defender

Provide the name of your employer.

Office of the Public Defender, Ventura CTY

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

800 S. Victoria Ave

Ven tura

ca

93009

Provide telephone number

Extension

☐ International or DSN phone number

(805) 654-2201

☒ Day ☐ Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

☒ Not
Applicable

From date (Month/Year)

To date (Month/Year)

Position Title

Supervisor

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

(a) Is/was your physical work address different than your employer's address?

☐ YES

☒ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES

☒ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of your supervisor.

Provide the position title of your supervisor.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☒ Present

Select the employment status for
this position:

☒ Full-time

☐ Part-time

Provide most recent position title.

Owner

Provide the name of your employer.

Law Offices Of Jay Leiderman, PC

Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

5740 Ralston St Ste 300

Ventura

ca

93003

Provide telephone number.

Extension

☐ International or DSN phone number

(805) 654-0200

☒ Day ☐ Night

(a) Is your physical work address different than your employment address?

☐ YES ☒ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the telephone number for this address.

Telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES ☒ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of someone that can verify your self-employment.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Provide dates of unemployment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name

First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number

Extension

☐ International or DSN phone number

☐ Day

☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does your unemployment verifier have an APO/FPO address?

☐ YES →
☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

☐ YES ☐ NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

☐ Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

☐ Est.

☐ Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

☐ Est.

☐ Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

☐ Est.

☐ Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

☐ Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

☐ YES ☐ NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities

Entry #2

Select your employment activity:

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input checked="" type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6) | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
| <input type="checkbox"/> USPS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Unemployment (Complete 13A.4) | |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPS Commissioned Corps.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

☐ Full-time

Provide your assigned duty station during this period.

☐ Est.

☐ Est.

☐ Part-time

Provide your most recent rank/position title.

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Do you or did you have an APO/FPO address while at this location?

☐ YES →
☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

Select the employment status for
this position:

☐ Full-time

☐ Part-time

Provide most recent position title.

Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

☐ Not
Applicable

From date (Month/Year)

To date (Month/Year)

Position Title

Supervisor

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

(a) Is/was your physical work address different than your employer's address?

☐ YES ☐ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of your supervisor.

Provide the position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did/does your supervisor have an APO/FPO address while at this location?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Entry #2	Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
	From Date (Month/Year)	To Date (Month/Year)	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Est.	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Owner	
	09/2006	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time	Provide the name of your employer. Law Offices of Jay Leiderman PC	
Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
5740 Ralston St ste 300		Ventura	ca	93003		
Provide telephone number. Extension <input type="checkbox"/> International or DSN phone number						
(805) 654-0200		<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night			
(a) Is your physical work address different than your employment address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If NO, proceed to (b))						
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
Provide the telephone number for this address.						
Telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
		<input type="checkbox"/> Day	<input type="checkbox"/> Night			
(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).						
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for parts in the United States.)						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
(b.2) Do you or did you have an APO/FPO address while at this location?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address	APO or FPO	APO/FPO State Code	Zip Code	
Provide the name of someone that can verify your self-employment.						
Last name		First name				
Bezjian		Nicole				
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
5740 Ralston St ste 300		Ventura	ca	93003		
Provide the telephone number for this person.						
Telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
(805) 654-0200		<input checked="" type="checkbox"/> Day	<input type="checkbox"/> Night			
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).						
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for parts in the United States.)						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
(b) Does your self-employment verifier have an APO/FPO address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address	APO or FPO	APO/FPO State Code	Zip Code	

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Provide dates of unemployment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name

First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number

Extension

☐ International or DSN phone number

☐ Day

☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does your unemployment verifier have an APO/FPO address?

☐ YES

☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

☐ YES ☐ NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

☐ Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

☐ Est.

☐ Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

☐ Est.

☐ Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

☐ Est.

☐ Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

☐ Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

☐ YES ☐ NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities

Entry #3

Select your employment activity:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6)
<input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6)
<input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6)
<input type="checkbox"/> Unemployment (Complete 13A.4)
<input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6)
<input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

☐ Full-time

Provide your assigned duty station during this period.

☐ Est.

☐ Est.

☐ Part-time

Provide your most recent rank/position title.

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

(b) Do you or did you have an APO/FPO address while at this location?

☐ YES →

Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location City or Post Name State Zip Code Country

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

Select the employment status for
this position:

☐ Full-time

☐ Part-time

Provide most recent position title.

Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

☐ Not
Applicable

From date (Month/Year)

To date (Month/Year)

Position Title

Supervisor

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

(a) Is/was your physical work address different than your employer's address?

☐ YES ☐ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of your supervisor.

Provide the position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did/does your supervisor have an APO/FPO address while at this location?

☐ YES ☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Employ #3	Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
	From Date (Month/Year)	To Date (Month/Year)	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Full-time	Owner	
	09/2006	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time	Provide the name of your employer. Law Offices of Jay Lelderman PC	
Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City		State	Zip Code	Country
5740 Ralston St ste 300		Ventura		ca	93003	
Provide telephone number. Extension <input type="checkbox"/> International or DSN phone number						
(805) 654-0200		<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night				
(a) Is your physical work address different than your employment address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If NO, proceed to (b))						
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City		State	Zip Code	Country
Provide the telephone number for this address.						
Telephone number		Extension <input type="checkbox"/> International or DSN phone number				
		<input type="checkbox"/> Day <input type="checkbox"/> Night				
(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).						
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)						
Street Address/Unit/Duty Location		City or Post Name		State	Zip Code	Country
(b.2) Do you or did you have an APO/FPO address while at this location?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address		APO or FPO	APO/FPO State Code	Zip Code
Provide the name of someone that can verify your self-employment.						
Last name		First name				
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City		State	Zip Code	Country
Provide the telephone number for this person.						
Telephone number		Extension <input type="checkbox"/> International or DSN phone number				
		<input type="checkbox"/> Day <input type="checkbox"/> Night				
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).						
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)						
Street Address/Unit/Duty Location		City or Post Name		State	Zip Code	Country
(b) Does your self-employment verifier have an APO/FPO address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address		APO or FPO	APO/FPO State Code	Zip Code

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 13A - Employment Activities - (Continued)

13A.4 Complete the following if employment type is unemployment.

Provide dates of unemployment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of someone that can verify your unemployment activities and means of support.

Last name

First name

Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the telephone number for this person.

Verifier telephone number

Extension

☐ International or DSN phone number

☐ Day

☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Does your unemployment verifier have an APO/FPO address?

☐ YES

→ Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

Provide the reason for leaving the employment activity.

For this employment have any of the following happened to you in the last seven (7) years?

Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.

☐ YES ☐ NO (If NO, proceed to 13A.6)

Select your type of incident:

Reason:

Employment departure date

☐ Fired

Provide the reason for being fired.

Provide the date you were fired. (Month/Year)

☐ Est.

☐ Quit after being told you would be fired

Provide the reason for quitting.

Provide the date you quit after being told you would be fired. (Month/Year)

☐ Est.

☐ Left by mutual agreement following charges or allegations of misconduct

Provide the charges or allegations of misconduct.

Provide the date you left following charges or allegations of misconduct. (Month/Year)

☐ Est.

☐ Left by mutual agreement following notice of unsatisfactory performance

Provide the reason(s) for unsatisfactory performance.

Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year)

☐ Est.

13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPHS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.

For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?

☐ YES ☐ NO

#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.

Date: (Month/Year)

☐ Est.

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 13A - Employment Activities

Entry #4

Select your employment activity:

- | | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active military duty station (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> State Government (Non-Federal employment) (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Non-government employment (excluding self-employment) (Complete 13A.2, 13A.5 and 13A.6) |
| <input type="checkbox"/> National Guard/Reserve (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Self-employment (Complete 13A.3, 13A.5 and 13A.6) | <input type="checkbox"/> Other (Provide explanation and complete 13A.2, 13A.5 and 13A.6) ▼ |
| <input type="checkbox"/> USPHS Commissioned Corps (Complete 13A.1, 13A.5 and 13A.6) | <input type="checkbox"/> Unemployment (Complete 13A.4) | |
| <input type="checkbox"/> Other Federal employment (Complete 13A.2, 13A.5 and 13A.6) | <input type="checkbox"/> Federal Contractor (Complete 13A.2, 13A.5 and 13A.6) | |

13A.1 Complete the following if employment type is Active Duty, National Guard/Reserve, or USPHS Commissioned Corps.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

Select the employment status for this position:

☐ Full-time

☐ Part-time

Provide your assigned duty station during this period.

Provide your most recent rank/position title.

Provide address of duty station. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Do you or did you have an APO/FPO address while at this location?

☐ YES →
☐ NO

Address

APO or FPO

APO/FPO State Code

Zip Code

Provide the name of your supervisor.

Provide the rank/position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address; provide physical location data with either street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide physical location data) (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 13A - Employment Activities - (Continued)

13A.2 Complete the following if employment type is other federal employment, state government, federal contractor, non-government, or other.

Provide dates of employment.

From Date
(Month/Year)

To Date
(Month/Year)

☐ Present

Select the employment status for
this position:

☐ Full-time

☐ Part-time

Provide most recent position title.

Provide the name of your employer.

Provide the address of employer. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Additional Periods of Activity with this Employer - Provide additional periods of activity if you worked for this employer on more than one occasion at the same physical location (for example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter information concerning the most recent period of employment above, and provide dates, position titles, and supervisors for the two previous periods of employment as entries below).

☐ Not
Applicable

From date (Month/Year)

To date (Month/Year)

Position Title

Supervisor

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

☐ Est.

(a) Is/was your physical work address different than your employer's address?

☐ YES ☐ NO (If NO, proceed to (b))

Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide telephone number

Extension

☐ International or DSN phone number

☐ Day ☐ Night

(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).

(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b.2) Do you or did you have an APO/FPO address while at this location?

☐ YES → Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

Provide the name of your supervisor.

Provide the position title of your supervisor.

Provide the email address of your supervisor. ☐ I don't know

Provide supervisor's telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide physical work location of your supervisor. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).

(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)

Street Address/Unit/Duty Location

City or Post Name

State

Zip Code

Country

(b) Did/does your supervisor have an APO/FPO address while at this location?

☐ YES → Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 13A - Employment Activities - (Continued)

13A.3 Complete the following if employment type is self-employment

Entry #4	Provide dates of employment.		Select the employment status for this position:		Provide most recent position title.	
	From Date (Month/Year)	To Date (Month/Year)	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Full-time	Owner	
	09/2006 <input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Est.	<input type="checkbox"/> Part-time	Provide the name of your employer.	
						Law Offices of Jay Leiderman PC
Provide address of this employment. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
5740 Ralston St ste 300		Ventura	ca	93003		
Provide telephone number.		Extension	<input type="checkbox"/> International or DSN phone number			
(805) 654-0200		24	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night			
(a) Is your physical work address different than your employment address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If NO, proceed to (b))						
Provide the work address where you are/were physically located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
Provide the telephone number for this address.						
Telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
			<input type="checkbox"/> Day <input type="checkbox"/> Night			
(b) If you have indicated an APO/FPO address, complete (b.1). If you have indicated an address outside of the United States, complete (b.2).						
(b.1) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
(b.2) Do you or did you have an APO/FPO address while at this location?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address	APO or FPO	APO/FPO State Code	Zip Code	
Provide the name of someone that can verify your self-employment.						
Last name		First name				
Provide the address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)						
Street		City	State	Zip Code	Country	
Provide the telephone number for this person.						
Telephone number		Extension	<input type="checkbox"/> International or DSN phone number			
			<input type="checkbox"/> Day <input type="checkbox"/> Night			
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).						
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)						
Street Address/Unit/Duty Location		City or Post Name	State	Zip Code	Country	
(b) Does your self-employment verifier have an APO/FPO address?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Address	APO or FPO	APO/FPO State Code	Zip Code	

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 13A - Employment Activities - (Continued)

Entry #4	13A.4 Complete the following if employment type is unemployment.							
	Provide dates of unemployment.		Provide the name of someone that can verify your unemployment activities and means of support.					
	From Date (Month/Year)	To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Last name	First name				
	Provide address of this verifier. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)							
Street					City	State	Zip Code	Country
Provide the telephone number for this person.								
Verifier telephone number					Extension	<input type="checkbox"/> International or DSN phone number <input type="checkbox"/> Day <input type="checkbox"/> Night		
If you have indicated an APO/FPO address, complete (a). If you have indicated an address outside of the United States, complete (b).								
(a) Provide physical location data with street address, base, post, embassy, unit, and country location or home port/fleet headquarter. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code for ports in the United States.)								
Street Address/Unit/Duty Location					City or Post Name	State	Zip Code	Country
(b) Does your unemployment verifier have an APO/FPO address?								
<input type="checkbox"/> YES <input type="checkbox"/> NO					Address	APO or FPO	APO/FPO State Code	Zip Code

Entry #4	13A.5 Complete the following if employment type is Active Duty, National Guard/Reserve, USPS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.		
	Provide the reason for leaving the employment activity.		
	For this employment have any of the following happened to you in the last seven (7) years?		
	Fired, quit after being told you would be fired, left by mutual agreement following charges or allegations of misconduct, left by mutual agreement following notice of unsatisfactory performance.		
	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO, proceed to 13A.6)		
	Select your type of incident:	Reason:	Employment departure date
<input type="checkbox"/> Fired	Provide the reason for being fired.	Provide the date you were fired. (Month/Year) <input type="checkbox"/> Est.	
<input type="checkbox"/> Quit after being told you would be fired	Provide the reason for quitting.	Provide the date you quit after being told you would be fired. (Month/Year) <input type="checkbox"/> Est.	
<input type="checkbox"/> Left by mutual agreement following charges or allegations of misconduct	Provide the charges or allegations of misconduct.	Provide the date you left following charges or allegations of misconduct. (Month/Year) <input type="checkbox"/> Est.	
<input type="checkbox"/> Left by mutual agreement following notice of unsatisfactory performance	Provide the reason(s) for unsatisfactory performance.	Provide the date you left by mutual agreement following a notice of unsatisfactory performance. (Month/Year) <input type="checkbox"/> Est.	

Entry #4	13A.6 Complete the following if employment type is Active Duty, National Guard/Reserve, USPS Commissioned Corps, Other Federal employment, State Government, Federal Contractor, Non-government employment, Self-Employment, or Other.	
	For this employment, in the last seven (7) years have you received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as a violation of security policy?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	#1 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
	#2 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
	#3 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.
#4 Provide the reason(s) for being warned, reprimanded, suspended or disciplined.	Date: (Month/Year) <input type="checkbox"/> Est.	

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 13B - Employment Activities - Former Federal Service

Do you have former federal civilian employment, excluding military service, NOT indicated previously, to report?

☐ YES ☐ NO (If NO, proceed to Section 13C)

Complete the following if you selected "Yes" to having former federal civilian employment, excluding military service, NOT indicated previously.

Entry #1

Provide dates of federal civilian employment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

☐ Est.

☐ Est.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Entry #2

Provide dates of federal civilian employment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

☐ Est.

☐ Est.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Entry #3

Provide dates of federal civilian employment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

☐ Est.

☐ Est.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Entry #4

Provide dates of federal civilian employment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

Provide the name of the federal agency for which you are/were employed.

Provide your position title.

☐ Est.

☐ Est.

Provide the location of the agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Section 13C - Employment Record

Have any of the following happened to you in the last seven (7) years at employment activities that you have not previously listed?

- Fired from a job?
- Quit a job after being told you would be fired?
- Have you left a job by mutual agreement following charges or allegations of misconduct?
- Left a job by mutual agreement following notice of unsatisfactory performance?
- Received a written warning, been officially reprimanded, suspended, or disciplined for misconduct in the workplace, such as violation of a security policy?

☐ YES (If YES, you will be required to add an additional employment in Section 13A)

☐ NO (If NO, proceed to Section 14)

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 14 - Selective Service Record

Were you born a male after December 31, 1959?

☐ YES ☐ NO (if NO, proceed to Section 15)

Have you registered with the Selective Service System (SSS)?

☐ Yes → Provide registration number:
☐ No → Provide explanation:
☐ I don't know → Provide explanation:

The Selective Service website, www.sss.gov, can help provide the registration number for persons who have registered. Note: Selective Service Number is not your Social Security Number.

Section 15 - Military History

Have you EVER served in the U.S. Military?

☐ YES ☐ NO (if NO, proceed to Section 15.2)

15.1 Complete the following if you responded 'Yes' to having served in the U.S. Military:

Entry #1

Provide the branch of service you served in.

☐ Army ☐ Air National Guard
☐ Army National Guard ☐ Marine Corps
☐ Navy ☐ Coast Guard
☐ Air Force

State of service, if National Guard

Provide your status
☐ Active Duty
☐ Active Reserve
☐ Inactive Reserve

Officer or enlisted

☐ Not Applicable
☐ Officer
☐ Enlisted

Provide your service number.

Provide your dates of service.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

☐ YES ☐ NO

Provide the type of discharge you received:

☐ Honorable ☐ Under Other than Honorable Conditions ☐ Bad Conduct
☐ Dishonorable ☐ General ☐ Other (provide type)

Provide the date of discharge listed (Month/Year)

☐ Est.

Provide the reason(s) for the discharge, if discharge is other than Honorable

Entry #2

Provide the branch of service you served in.

☐ Army ☐ Air National Guard
☐ Army National Guard ☐ Marine Corps
☐ Navy ☐ Coast Guard
☐ Air Force

State of service, if National Guard

Provide your status
☐ Active Duty
☐ Active Reserve
☐ Inactive Reserve

Officer or enlisted

☐ Not Applicable
☐ Officer
☐ Enlisted

Provide your service number.

Provide your dates of service.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Were you discharged from this instance of U.S. military service, to include Reserves, or National Guard?

☐ YES ☐ NO

Provide the type of discharge you received:

☐ Honorable ☐ Under Other than Honorable Conditions ☐ Bad Conduct
☐ Dishonorable ☐ General ☐ Other (provide type)

Provide the date of discharge listed (Month/Year)

☐ Est.

Provide the reason(s) for the discharge, if discharge is other than Honorable

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 15 - Military History - (Continued)

15.2 In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc? ☐ YES ☐ NO (If NO, proceed to Section 15.3)

Complete the following if you responded "Yes" to In the last seven (7) years, have you been subject to court martial or other disciplinary procedure under the Uniform Code of Military Justice (UCMJ), such as Article 15, Captain's Mast, Article 135 Court of Inquiry, etc.

Entry #1

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

☐ Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

Entry #2

Provide the date of the court martial or other disciplinary procedure. (Month/Year)

☐ Est.

Provide a description of the Uniform Code of Military Justice (UCMJ) offense(s) for which you were charged.

Provide the name of the disciplinary procedure, such as Court Martial, Article 15, Captain's mast, Article 135 Court of Inquiry, etc.

Provide the description of the military court or other authority in which you were charged (title of court or convening authority, address, to include city and state or country if overseas).

Provide the description of the final outcome of the disciplinary procedure, such as found guilty, found not guilty, fine, reduction in rank, imprisonment, etc.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 15 - Military History - (Continued)

15.3 Have you EVER served, as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency? ☐ YES ☐ NO (If NO, proceed to Section 16)

Complete the following if you responded 'Yes' to having EVER served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #1

During your foreign service, which organization were you serving under?

- | | |
|----------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Military (Specify Army, Navy, Air Force, Marines, etc.) | <input type="checkbox"/> Security Forces |
| <input type="checkbox"/> Intelligence Service | <input type="checkbox"/> Militia |
| <input type="checkbox"/> Diplomatic Service | <input type="checkbox"/> Other Defense Forces |
| | <input type="checkbox"/> Other Government Agency |

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide the name of the country. Provide the highest position/rank held. Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization. Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

☐ YES ☐ NO (If NO, proceed to Section 16)

Contact #1

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Contact #2

Provide the contact's full name.

Last name First name Middle name Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 15 - Military History - (Continued)

Complete the following if you responded 'Yes' to having EVER served as a civilian or military member in a foreign country's military, intelligence, diplomatic, security forces, militia, other defense force, or government agency.

Entry #2

During your foreign service, which organization were you serving under?

☐ Military (Specify Army, Navy,
Air Force, Marines, etc.)

☐ Intelligence Service

☐ Diplomatic Service

☐ Security Forces

☐ Militia

☐ Other Defense Forces

☐ Other Government Agency

Provide the name of the foreign organization.

Provide your period of service.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the country.

Provide the highest position/rank held.

Provide division/department/office in which you served.

Provide a description of the circumstances of your association with this organization.

Provide a description of the reason for leaving this service.

Do you maintain contact with current or former associates, colleagues, or acquaintances from your service in this organization?

☐ YES ☐ NO (If NO, Proceed to Section 16)

Contact #1

Provide the contact's full name.

Last name

First name

Middle name

Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Contact #2

Provide the contact's full name.

Last name

First name

Middle name

Suffix

Provide the contact's address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide the contact's official title.

Provide the frequency of contact.

Provide the length of your association with the contact.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 16 - People Who Know You Well

Provide three people who know you well and who preferably live in the U.S. They should be friends, peers, colleagues, college roommates, associates, etc., who are collectively aware of your activities outside of your workplace, school, or neighborhood, and whose combined association with you covers at least the last seven (7) years. Do not list your spouse, former spouse (s), other relatives, or anyone listed elsewhere on this form.

Enter your Social Security Number before going to the next page →

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Section 17 - Marital Status

Provide your current marital status.

- ☐ Never Married (Complete 17.3) ☐ Separated (Complete 17.1 and 17.3) ☐ Divorced (Complete 17.2 and 17.3)
☒ Married (including Common Law) (Complete 17.1 and 17.3) ☐ Annulled (Complete 17.2 and 17.3) ☐ Widowed (Complete 17.2 and 17.3)

17.1 Complete the following if you selected 'Married' or 'Separated.'

--	--	--	--

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#2 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est.			
#3 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est.			
#4 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est.			
Provide your spouse's country(ies) of citizenship.			Provide date married. (Month/Day/Year)
Country #1		Country #2	

Enter your Social Security Number before going to the next page →

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Section 17 - Marital Status - (Continued)

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

17.2 Complete the following if you selected 'Divorced', 'Annulled', 'Widowed', or 'Other Former Spouses'.

Entry #1

Provide the full name of your former spouse.

Last name

First name

Middle name

Suffix

Provide the date of birth of your former spouse. (Month/Day/Year)

☐ Est.

Provide the place of birth for your former spouse.

City

State

Zip Code

Country (Required)

Provide the country(ies) of citizenship for your former spouse.

Country #1

Country #2

Provide the date you married your former spouse. (Month/Day/Year)

☐ Est.

Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.)

City

State

Country

Provide the status of this marriage.

☐ Divorced

☐ Widowed

☐ Annulled

Provide the date divorced, annulled or widowed. (Month/Day/Year)

☐ Est.

For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Is this former spouse deceased?

☐ YES

☐ NO (If NO, complete (a))

☐ I don't know

(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 17 - Marital Status - (Continued)

17.2 Complete the following if you selected 'Divorced', 'Annulled', 'Widowed', or 'Other Former Spouses'.

Entry #2

Provide the full name of your former spouse.

Last name

First name

Middle name

Suffix

Provide the date of birth of your former spouse. (Month/Day/Year)

☐ Est.

Provide the place of birth for your former spouse.

City

State

Zip Code

Country (Required)

Provide the country(ies) of citizenship for your former spouse.

Country #1

Country #2

Provide the date you married your former spouse. (Month/Day/Year)

☐ Est.

Provide the place married. (Provide City and Country if outside the United States; otherwise, provide City, State and Country.)

City

State

Country

Provide the status of this marriage.

☐ Divorced

☐ Widowed

☐ Annulled

Provide the date divorced, annulled or widowed. (Month/Day/Year)

☐ Est.

For your divorced or annulled marriage, provide where the record is located. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Is this former spouse deceased?

☐ YES

☐ NO (If NO, complete (a))

☐ I don't know

(a) For divorced or annulled marriage provide last known address of the former spouse. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 17 - Marital Status - (Continued)

A cohabitant is a person with whom you share bonds of affection, obligation, or other commitment, as opposed to a person with whom you live with for reasons of convenience (e.g. a roommate). If applicable, complete the following about your cohabitant. If your cohabitant was born outside the U.S., provide citizenship information.

17.3 Do you presently reside with a cohabitant?

☒ YES ☐ NO (If NO, proceed to Section 18)

Complete the following if you presently reside with a cohabitant.

#2 Last name		First name		Middle name		Suffix	
Maiden name?		From (Month/Year)		To (Month/Year)		<input type="checkbox"/> Present	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.			
#3 Last name		First name		Middle name		Suffix	
Maiden name?		From (Month/Year)		To (Month/Year)		<input type="checkbox"/> Present	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.			
#4 Last name		First name		Middle name		Suffix	
Maiden name?		From (Month/Year)		To (Month/Year)		<input type="checkbox"/> Present	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Est.		<input type="checkbox"/> Est.			
Provide your cohabitant's country(ies) of citizenship.				Provide date cohabitation began.			
Country #1				Country #2		(Month/Day/Year)	

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Section 17 - Marital Status - (Continued)

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#1 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est. <input type="checkbox"/> Est.			
#2 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est. <input type="checkbox"/> Est.			
#3 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est. <input type="checkbox"/> Est.			
#4 Last name	First name	Middle name	Suffix
Maiden name? From (Month/Year) To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Est. <input type="checkbox"/> Est.			
Provide your cohabitant's country(ies) of citizenship. Country #1			Provide date cohabitation began. (Month/Day/Year)
Country #2			

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 18 - Relatives

#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page



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QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

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Section 18 - Relatives - (Continued)

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18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Naturalization certificate | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> U.S. Passport | |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> None (Provide explanation) ▶ | |

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street	City	State	Zip Code
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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 18 - Relatives - (Continued)

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#1 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#2 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#3 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
#4 Last name	First name	Middle name	Suffix
Maiden name? <input type="checkbox"/> YES <input type="checkbox"/> NO	From (Month/Year) <input type="checkbox"/> Est.	To (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page

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Section 18 - Relatives - (Continued)

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18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Naturalization certificate | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> U.S. Passport | |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> None (Provide explanation) ▶ | |

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street

City

State

Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #2	18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.			
	Provide type of documentation he or she possesses to support U.S. residence.			Provide document number
	<input type="checkbox"/> U.S. Alien registration <input type="checkbox"/> U.S. Visa			
	<input type="checkbox"/> Other (Provide explanation) ▶			
	Provide approximate date of first contact. (Month/Year)		Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.			<input type="checkbox"/> Est.
	Provide methods of contact (Check all that apply).			
	<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)			
	<input type="checkbox"/> Written correspondence <input type="checkbox"/> Other (Provide explanation) ▶			
	Provide approximate frequency of contact.			
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually				
<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (Provide explanation) ▶				
Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).				
Employer name				
<input type="checkbox"/> I don't know				
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
<input type="checkbox"/> I don't know				
Street City State Zip Code Country				
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?				
<input type="checkbox"/> YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.				
<input type="checkbox"/> NO				
<input type="checkbox"/> I don't know				
Entry #2	18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.			
	Provide approximate date of first contact. (Month/Year)		Provide approximate date of last contact. (Month/Year)	<input type="checkbox"/> Present
	<input type="checkbox"/> Est.			<input type="checkbox"/> Est.
	Provide methods of contact (Check all that apply).			
	<input type="checkbox"/> In person <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic (Such as e-mail, texting, chat rooms, etc)			
	<input type="checkbox"/> Written correspondence <input type="checkbox"/> Other (Provide explanation) ▶			
	Provide approximate frequency of contact.			
	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Annually			
	<input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (Provide explanation) ▶			
	Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).			
Employer name				
<input type="checkbox"/> I don't know				
Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)				
<input type="checkbox"/> I don't know				
Street City State Zip Code Country				
Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?				
<input type="checkbox"/> YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.				
<input type="checkbox"/> NO				
<input type="checkbox"/> I don't know				

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 18 - Relatives - (Continued)

Entry #3

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.

City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name.

☐ Same as listed

☐ I don't know

Last name

First name

Middle name

Suffix

Has this relative used any other names?

☐ YES ☐ NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

☐ Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#2 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#3 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#4 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #3

Provide relative type.

Provide your relative's full name.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide your relative's date of birth.

Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.

City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name.

☐ Same as listed

☐ I don't know

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Has this relative used any other names?

☐ YES ☐ NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

☐ Not applicable

#1 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#2 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#3 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

#4 Last name	First name	Middle name	Suffix
--------------	------------	-------------	--------

Maiden name?	From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Present <input type="checkbox"/> Est.	Provide the reason(s) why the name changed.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Est.			

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☐ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Entry #3

b6
b7C

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Naturalization certificate | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> U.S. Passport | |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> None (Provide explanation) ▶ | |

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street

City

State

Zip Code

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #4

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.

City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

b6
b7C

#3 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#4 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☒ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

☐ YES → Provide your relative's APO/FPO address.
☐ NO Address
☐ I don't know

APO or FPO APO/FPO State Code Zip Code

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

☐ FS 240 or 545 ☐ U.S. Naturalization certificate ☒ Other (Provide explanation) ▶ New York State Driver's License
☐ DS 1350 ☐ U.S. Passport
☐ U.S. Citizenship certificate ☐ None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

unk

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street City State Zip Code

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 18 - Relatives - (Continued)

Entry #4

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Entry #4

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Entry #5

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

Provide your relative's place of birth.

City

State

Country (Required)

☐ Est.

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

Entry #5

b6
b7C

#1 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#2 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#3 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

#4 Last name

First name

Middle name

Suffix

Maiden name?

☐ YES ☐ NO

From (Month/Year)

☐ Est.

To (Month/Year)

☐ Present

☐ Est.

Provide the reason(s) why the name changed.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☐ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Entry #5

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> FS 240 or 545 | <input type="checkbox"/> U.S. Naturalization certificate | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> DS 1350 | <input type="checkbox"/> U.S. Passport | |
| <input type="checkbox"/> U.S. Citizenship certificate | <input type="checkbox"/> None (Provide explanation) ▶ | |

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street	City	State	Zip Code
--------	------	-------	----------

b6
b7C

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street City State Zip Code Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

- ☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street City State Zip Code Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 18 - Relatives - (Continued)

Entry #6

Provide relative type.

Provide your relative's full name.

Last name

First name

Middle name

Suffix

Provide your relative's date of birth.

Date (Month/Day/Year)

☐ Est.

Provide your relative's place of birth.

City

State

Country (Required)

Provide your relative's country(ies) of citizenship.

Country #1

Country #2

18.1 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister.

If mother, provide your mother's maiden name.

☐ Same as listed

☐ I don't know

Last name

First name

Middle name

Suffix

Has this relative used any other names?

☐ YES ☐ NO

Provide other names used and the period of time that your relative used them (such as maiden name by a former marriage, former name, alias, or nickname).

☐ Not applicable

#1 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#2 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#3 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

#4 Last name

First name

Middle name

Suffix

Maiden name?

From (Month/Year)

To (Month/Year)

☐ Present

Provide the reason(s) why the name changed.

☐ YES ☐ NO

☐ Est.

☐ Est.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 18 - Relatives - (Continued)

Is your relative deceased?

☐ YES (If YES, proceed to 18.3) ☒ NO

18.2 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not deceased.

Provide your relative's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Does this relative have an APO/FPO address?

☐ YES → Provide your relative's APO/FPO address.

☐ NO Address APO or FPO APO/FPO State Code Zip Code

☐ I don't know

18.3 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister and is a U.S. Citizen, foreign born and is deceased.

OR

Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is a U.S. Citizen, foreign born and has a U.S. or APO/FPO address.

Provide one type of documentation that he or she possesses and the document number.

☐ FS 240 or 545 ☐ U.S. Naturalization certificate ☐ Other (Provide explanation) ▶
☐ DS 1350 ☐ U.S. Passport
☐ U.S. Citizenship certificate ☐ None (Provide explanation) ▶

Provide document number.

Provide the name of the court that issued the U.S. Citizenship/Naturalization certificate.

Provide the address of the court that issued the U.S. Citizenship/Naturalization certificate.

Street City State Zip Code

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved
OMB No. 3205-0001

Section 18 - Relatives - (Continued)

18.4 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a U.S. address and is not deceased.

Provide type of documentation he or she possesses to support U.S. residence.

- ☐ U.S. Alien registration ☐ U.S. Visa
☐ Other (Provide explanation) ▶

Provide document number

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

18.5 Complete the following if the relative listed is your Mother, Father, Stepmother, Stepfather, Foster parent, Child (including adopted/foster), Stepchild, Brother, Sister, Stepbrother, Stepsister, Half-brother, Half-sister, Father-in-law, Mother-in-law, Guardian and is not a U.S. Citizen, has a foreign address and is not deceased.

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Present
☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide name of current employer, or provide the name of their most recent employer if not currently employed (if known).

Employer name

☐ I don't know

Provide the address of current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ I don't know

Street

City

State

Zip Code

Country

Is this relative affiliated with a foreign government, military, security, defense industry, foreign movement, or intelligence service?

- ☐ YES → Describe the relative's relationship with the foreign government, military, security, defense industry, foreign movement, or intelligence service.
☐ NO
☐ I don't know

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts

A foreign national is defined as any person who is not a citizen or national of the U.S.

Do you have, or have you had, close and/or continuing contact with a foreign national within the last seven (7) years with whom you, or your spouse, or cohabitant are bound by affection, influence, common interests, and/or obligation? Include associates as well as relatives, not previously listed in Section 18.

☐ YES ☒ NO (If NO, proceed to Section 20A)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #1

Provide the full name of the foreign national, if known.

Last name

First name

Middle name

Suffix

☐ I don't know

Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person

☐ Telephone

☐ Electronic (Such as e-mail, texting, chat rooms, etc)

☐ Written correspondence

☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily

☐ Monthly

☐ Annually

☐ Weekly

☐ Quarterly

☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business

☐ Personal (Such as family ties, friendship, affection, common interests, etc)

☐ Obligation (Provide explanation) ▶

☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name

First name

Middle name

Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth.

☐ I don't know

(Month/Day/Year)

☐ Est.

Provide place of birth.

☐ I don't know

City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street

City

State

Zip Code

Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES



Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street

City

State

Zip Code

Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES



Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

☐ NO

☐ I don't know

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #2

Provide the full name of the foreign national, if known.

Last name

First name

Middle name

Suffix

☐ I don't know

Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person

☐ Telephone

☐ Electronic (Such as e-mail, texting, chat rooms, etc)

☐ Written correspondence

☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily

☐ Monthly

☐ Annually

☐ Weekly

☐ Quarterly

☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business

☐ Personal (Such as family ties, friendship, affection, common interests, etc)

☐ Obligation (Provide explanation) ▶

☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name

First name

Middle name

Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth.

(Month/Day/Year)

☐ I don't know

☐ Est.

Provide place of birth.

City

☐ I don't know

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

☐ I don't know

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES

→

Address

APO or FPO

APO/FPO State Code

Zip Code

☐ NO

☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

☐ I don't know

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES

→

Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

☐ NO

☐ I don't know

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #3

Provide the full name of the foreign national, if known.

Last name First name Middle name Suffix ☐ I don't know
Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

☐ Professional or Business ☐ Personal (Such as family ties, friendship, affection, common interests, etc)
☐ Obligation (Provide explanation) ▶ ☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth. ☐ I don't know
(Month/Day/Year)

☐ Est.

Provide place of birth.

☐ I don't know

City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country ☐ I don't know

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES ☐ NO ☐ I don't know
Address APO or FPO APO/FPO State Code Zip Code

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES ☐ NO ☐ I don't know
Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 19 - Foreign Contacts - (Continued)

Complete the following if you responded 'Yes' to have, or have had, close and/or continuing contact with a foreign national.

Entry #4

Provide the full name of the foreign national, if known.

Last name First name Middle name Suffix ☐ I don't know
Explanation if name is unknown

Provide approximate date of first contact. (Month/Year)

☐ Est.

Provide approximate date of last contact. (Month/Year)

☐ Est.

Provide methods of contact (Check all that apply).

- ☐ In person ☐ Telephone ☐ Electronic (Such as e-mail, texting, chat rooms, etc)
☐ Written correspondence ☐ Other (Provide explanation) ▶

Provide approximate frequency of contact.

- ☐ Daily ☐ Monthly ☐ Annually
☐ Weekly ☐ Quarterly ☐ Other (Provide explanation) ▶

Provide the nature of relationship (Check all that apply).

- ☐ Professional or Business ☐ Personal (Such as family ties, friendship, affection, common interests, etc)
☐ Obligation (Provide explanation) ▶ ☐ Other (Provide explanation) ▶

Provide other names and/or nicknames, as appropriate.

Last name	First name	Middle name	Suffix

Provide country(ies) of citizenship.

Country #1

Country #2

Provide date of birth. ☐ I don't know
(Month/Day/Year)

☐ Est.

Provide place of birth. ☐ I don't know
City

Country (If country unknown, requires explanation)

Provide current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Does this person have an APO/FPO address? Provide the foreign national's APO/FPO address.

☐ YES → Address APO or FPO APO/FPO State Code Zip Code
☐ NO ☐ I don't know

Provide the name of the foreign national's current employer, or provide the name of their most recent employer if not currently employed.

Employer name

☐ I don't know

Provide the address of the foreign national's current employer, or provide the address of their most recent employer if not currently employed. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

☐ I don't know

Street City State Zip Code Country

Is this foreign national affiliated with a foreign government, military, security, defense industry, or intelligence service?

☐ YES → Describe the contact's relationship with the foreign government, military, security, defense industry, or intelligence service.
☐ NO ☐ I don't know

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities

20A.1 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you or they have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.) ☐ YES ☒ NO (If NO, proceed to 20A.2)

Complete the following if you responded 'YES' to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #1

Specify (Check all that apply): ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of financial interest.

Provide the date acquired. (Month/Day/Year)

☐ Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

☐ Est.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of.

☐ Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)

Date

☐ Est.

☐ Not Applicable

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

Are there any co-owners of this foreign financial interest?

☐ YES ☐ NO

#1 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities (Continued)

Complete the following if you responded "YES" to having foreign financial interests (such as stocks, property, investments, bank accounts, ownership of corporate entities, corporate interests or businesses) in which you had or have direct control or direct ownership? (Exclude financial interests in companies or diversified mutual funds that are publicly traded on a U.S. exchange.)

Entry #2

Specify (Check all that apply): ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of financial interest. Provide the date acquired. (Month/Day/Year)

☐ Est.

Provide how the financial interest was acquired (such as purchase, gift, etc.).

Provide the cost (in U.S. dollars) at time of acquisition.

Provide the current value (in U.S. dollars) or the value at the time control or ownership was sold, lost or otherwise disposed of:

☐ Est.

☐ Est.

Provide the date control or ownership was relinquished. (Month/Day/Year)
Date

☐ Est.

Provide explanation of how interest control or ownership was sold, lost or otherwise disposed of.

☐ Not Applicable

Are there any co-owners of this foreign financial interest?

☐ YES ☐ NO

#1 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

#2 Provide full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide your co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 20A - Foreign Activities - (Continued)

20A.2 Have you, your spouse, cohabitant, or dependent children EVER had any foreign financial interests that someone controlled on your behalf?

☒ YES ☐ NO (If NO, Proceed to 20A.3)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'YES' to you, your spouse, cohabitant, or dependent children having EVER had any foreign financial interests that someone controlled on your behalf.

b6
b7C

#1 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide your relationship with the co-owner.
------------	------------	----------------------------------------------

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20A - Foreign Activities - (Continued)

20A.3 Have you, your spouse, cohabitant, or dependent children EVER owned, or do you anticipate owning, or plan to purchase real estate in a foreign country? ☒ YES ☐ NO (If NO, Proceed to 20A.4)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country.

b6
b7C

#2 Provide the full name of co-owner.

Last name

First name

Middle name

Suffix

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street

City

State

Zip Code

Country

Provide the co-owner's country(ies) of citizenship.

Country #1

Country #2

Provide the nature of your relationship with the co-owner.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
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Section 20A - Foreign Activities - (Continued)

Complete the following if you responded 'Yes' to you, your spouse, cohabitant, or dependent children having EVER owned, or anticipate owning, or planning to purchase real estate in a foreign country.

b6
b7C

#2 Provide the full name of co-owner.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the co-owner's current address. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the co-owner's country(ies) of citizenship.

Country #1	Country #2	Provide the nature of your relationship with the co-owner.
------------	------------	------------------------------------------------------------

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20A - Foreign Activities - (Continued)

20A.4 As a U.S. citizen, have you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country? ☐ YES ☒ NO (If NO, Proceed to 20A.5)

Complete the following if you responded 'YES' to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received of the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #1.

Specify (Check all that apply) ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of benefit. ☐ Educational ☐ Medical ☐ Retirement ☐ Social Welfare
☐ Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. ☐ Onetime benefit (Complete (a)) ☐ Future benefit (Complete (b)) ☐ Continuing benefit (Complete (c))
☐ Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
☐ Quarterly ☐ Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependent children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities. - (Continued)

Complete the following if you responded "YES" to as a U.S. citizen, you, your spouse, cohabitant, or dependent children received in the past seven (7) years, or are eligible to receive in the future, any educational, medical, retirement, social welfare, or other such benefit from a foreign country.

Entry #2

Specify (Check all that apply) ☐ Yourself ☐ Spouse ☐ Cohabitant ☐ Dependent children

Provide the type of benefit. ☐ Educational ☐ Medical ☐ Retirement ☐ Social Welfare
☐ Other such benefit (Provide explanation) ▶

Provide the frequency of the benefit. ☐ Onetime benefit (Complete (a)) ☐ Future benefit (Complete (b)) ☐ Continuing benefit (Complete (c))
☐ Other (Complete (c)) (Provide explanation) ▶

(a) If you have indicated that you, your spouse, cohabitant, or dependent children received a onetime benefit from a foreign country:

Provide the date the benefit was received. (Month/Day/Year)	Provide the name of the country providing the benefit.	Provide the total value (in U.S. dollars) of the benefit received.	Provide the reason this benefit was received.
<input type="checkbox"/> Est.		<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(b) If you have indicated that you, your spouse, cohabitant, or dependent children expect to receive a benefit from a foreign country:

Provide the date the benefit will begin. (Month/Day/Year)	Provide the frequency the benefit will be received.
<input type="checkbox"/> Est.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Provide explanation) ▶ <input type="checkbox"/> Quarterly <input type="checkbox"/> Weekly

Provide the name of the country providing this benefit.	Provide the value (in U.S. dollars) of the benefit to be received.	Provide the reason this benefit will be received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

(c) If have indicated that you, your spouse, cohabitant, or dependent children receive a continuing or other benefit from a foreign country:

Provide the date the benefit began. (Month/Day/Year)	Provide the date the benefit is expected to end. (Month/Day/Year)
<input type="checkbox"/> Est.	<input type="checkbox"/> Est.

Provide the frequency that this benefit is received.
☐ Annually ☐ Monthly ☐ Other (Provide explanation) ▶
☐ Quarterly ☐ Weekly

Provide the name of the country providing this benefit.	Provide the total value (in U.S. dollars) of benefit.	Provide the reason this benefit is being received.
	<input type="checkbox"/> Est.	

As a result of this benefit are you, your spouse, your cohabitant, or dependant children obligated in any way to this foreign country?

☐ YES → If yes, provide explanation.
☐ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20A - Foreign Activities - (Continued)

20A.6 Have you EVER provided financial support for any foreign national?

☐ YES ☒ NO (If NO, proceed to 20B)

Complete the following if you responded 'Yes' to providing financial support for any foreign national.

Entry #1

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the nature of your relationship with the foreign national listed above.

Provide the amount (in U.S. dollars) of all financial support provided.

☐ Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

Entry #2

Provide the name of the foreign national you support or have supported financially.

Last name	First name	Middle name	Suffix
-----------	------------	-------------	--------

Provide the address of the foreign national listed above. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street	City	State	Zip Code	Country
--------	------	-------	----------	---------

Provide the nature of your relationship with the foreign national listed above.

Provide the amount (in U.S. dollars) of all financial support provided.

☐ Est.

Provide the frequency of your support.

Provide this foreign national's country(ies) of citizenship.

Country #1

Country #2

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts

- 20B.1 Have you in the past seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer? ☐ YES ☒ NO (If NO, proceed to 20B.2)
(Answer "No" if all your advice or support was authorized pursuant to official U.S. Government business.)

Complete the following if you responded "Yes" to having in the past seven (7) years provided advice or support to any individual associated with a foreign business or other foreign organization that you have not previously listed as a former employer.

Entry #1

Provide a description of advice/support provided.

Provide the name of the individual to whom advice or support was provided.

Last name

First name

Middle name

Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided.

Describe what compensation, if any, was provided for your service.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Entry #2

Provide a description of advice/support provided.

Provide the name of the individual to whom advice or support was provided.

Last name

First name

Middle name

Suffix

Provide the name of the foreign organization or foreign business with whom the individual is associated. Provide the country of origin for the organization or business.

Provide the date(s) during which this advice or support was provided.

Describe what compensation, if any, was provided for your service.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

For this question, "Immediate Family" means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

- 20B.2 Have you, your spouse, cohabitant, or any member of your immediate family in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency? (Answer "No" if all the advice or support was authorized pursuant to official U.S. Government business.) ☐ YES ☒ NO (If NO, proceed to 20B.3)

Complete the following if you responded "Yes" to you, your spouse, cohabitant, or any member of your immediate family having in the past seven (7) years been asked to provide advice or serve as a consultant, even informally, by any foreign government official or agency.

Entry #1

Provide the name of the government official.

Last name

First name

Middle name

Suffix

Provide the name of the agency.

Provide the country with which the government official or agency is affiliated.

Provide the date of the request. (Month/Year)

Provide the circumstances of request.

☐ Est.

Entry #2

Provide the name of the government official.

Last name

First name

Middle name

Suffix

Provide the name of the agency.

Provide the country with which the government official or agency is affiliated.

Provide the date of the request. (Month/Year)

Provide the circumstances of request.

☐ Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.3 Has any foreign national in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them? ☐ YES ☒ NO (If NO, proceed to 20B.4)

Complete the following if you responded 'Yes' to any foreign national having in the past seven (7) years offered you a job, asked you to work as a consultant, or consider employment with them.

Entry #1

Provide the name of the foreign national who made the offer.

Last name

First name

Middle name

Suffix

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

☐ Est.

Did you accept the offer?

☐ YES Explanation ▶

☐ NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City

State

Zip Code

Country

Entry #2

Provide the name of the foreign national who made the offer.

Last name

First name

Middle name

Suffix

Provide a description of the position offered.

Provide the date when this offer was extended. (Month/Year)

☐ Est.

Did you accept the offer?

☐ YES Explanation ▶

☐ NO Explanation ▶

Provide location of where this occurred. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City

State

Zip Code

Country

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.4 Have you in the past seven (7) years been involved in any other type of business venture with a foreign national not described above (own, co-own, serve as business consultant, provide financial support, etc.)? ☐ YES ☒ NO (If NO, proceed to 20B.5)

Complete the following if you responded "Yes" to having in the past seven (7) years been involved in any other type of business venture with a foreign national not described above.

Entry #1

Provide the full name of this foreign national.

Last name First name Middle name Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the citizenship(s) of this foreign national.

Country #1 Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est. ☐ Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

Entry #2

Provide the full name of this foreign national.

Last name First name Middle name Suffix

Provide the full current address of this foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

Street City State Zip Code Country

Provide the citizenship(s) of this foreign national.

Country #1 Country #2

Provide a description of the business venture.

Provide your relationship to this foreign national.

Provide the length of time you have been involved in the business venture.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est. ☐ Est.

Provide the nature of association with this business venture.

Provide the position you held.

Provide the service you provided.

Provide the financial support involved.

Provide a description of what compensation was provided for your service.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.5 Have you in the past seven (7) years attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.? (Do not include those you attended or participated in on official business for the U.S. government.) ☐ YES ☒ NO (If NO, proceed to 20B.6)

Complete the following if you responded 'Yes' to in the past seven (7) years having attended or participated in any conferences, trade shows, seminars, or meetings outside the U.S.

Entry #1

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the purpose of the event.
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

☐ YES → Provide explanation for each contact.

☐ NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

Entry #2

Provide the name and description of event.	Provide the dates for the event. From Date (Month/Year) To Date (Month/Year) <input type="checkbox"/> Present <div style="text-align: center;"><input type="checkbox"/> Est.</div>	Provide the purpose of the event.
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

Provide the name of sponsoring organization.	Provide the city where the event was held.	Provide the country where the event was held.
----------------------------------------------	--------------------------------------------	-----------------------------------------------

Was there any subsequent contact with any foreign nationals as a result of the event?

☐ YES → Provide explanation for each contact.

☐ NO

Contact #1 _____

Contact #2 _____

Contact #3 _____

Contact #4 _____

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

For this question, 'Immediate Family' means your spouse, parents, step-parents, siblings, half and step-siblings, children, step-children, and cohabitant.

- 20B.6 Have you or any member of your immediate family in the past seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.? (Answer 'No' if the contact was for routine visa applications and border crossings related to either official U.S. Government travel or foreign travel on a U.S. passport.) ☐ YES ☒ NO (If NO, Proceed to 20B.7)

Complete the following if you responded 'Yes' to you or any member of your immediate family having in the past seven (7) years had any contact with a foreign government, its establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) or its representatives, whether inside or outside the U.S.

Entry #1

Provide the name of the individual involved in the contact.

Last name First name Middle name Suffix

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City State Zip Code Country

Provide the date of contact.
(Month/Year)

Provide the foreign government(s) involved.
Country #1

Country #2

☐ Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

☐ YES →

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

☐ NO

Entry #2

Provide the name of the individual involved in the contact.

Last name First name Middle name Suffix

Provide the location of the contact. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code.)

City State Zip Code Country

Provide the date of contact.
(Month/Year)

Provide the foreign government(s) involved.
Country #1

Country #2

☐ Est.

Provide the type of establishment (such as embassy, consulate, agency, military service, intelligence or security service, etc.) involved.

Provide the names of the foreign representatives involved in contact.

Provide the purpose/circumstances of contact.

Was there any subsequent contact initiated by you, your immediate family member, or a representative of the foreign organization?

☐ YES →

Provide the purpose of the subsequent contact

Provide date of most recent contact (Month/Day/Year)

Provide plans for future contact

☐ NO

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.7 Have you in the past seven (7) years sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence?

☐ YES ☒ NO (If NO, proceed to 20B.8)

Complete the following if you responded 'Yes' to in the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #1

Provide the name of the sponsored foreign national.

Last name First name Middle name Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year)

☐ I don't know

☐ Est.

Provide the place of birth for the sponsored foreign national.

City State Zip Code Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1

Country #2

Provide the name of the organization through which sponsorship was arranged, if applicable.

☐ Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Not Applicable

Street City State Zip Code Country

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street City State Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

Complete the following if you responded "Yes" to In the past seven (7) years having sponsored any foreign national to come to the U.S. as a student, for work, or for permanent residence.

Entry #2

Provide the name of the sponsored foreign national.

Last name First name Middle name Suffix

Provide the date of birth for the sponsored foreign national.

Date (Month/Year) ☐ I don't know

☐ Est.

Provide the place of birth for the sponsored foreign national.

City State Zip Code Country (Required)

Provide the current street address of the sponsored foreign national. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the country(ies) of citizenship for the sponsored foreign national.

Country #1

Country #2

Provide the name of the organization through which sponsorship was arranged, if applicable.

☐ Not Applicable

Provide the address of the organization through which sponsorship was arranged, if applicable. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Not Applicable

Street City State Zip Code Country

Provide the dates of stay in the U.S. for the sponsored foreign national.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the address of the sponsored foreign national while residing in the U.S.

Street City State Zip Code

Provide the purpose of stay in the U.S. for the sponsored foreign national.

Provide the purpose of your sponsorship for the sponsored foreign national.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20B - Foreign Business, Professional Activities, and Foreign Government Contacts - (Continued)

20B.8 Have you EVER held political office in a foreign country?

☐ YES ☒ NO (If NO, proceed to 20B.9)

Complete the following if you responded 'Yes' to having EVER held political office in a foreign country.

Entry #1		
Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.
Entry #2		
Provide the position held.	Provide the dates you held political office. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present	Provide the name of the country involved.
Provide the reason(s) for these activities.		Provide your current eligibility to hold political office in a foreign country.

20B.9 Have you EVER voted in the election of a foreign country?

☐ YES ☐ NO (If NO, Proceed to 20C)

Complete the following if you responded 'Yes' to having EVER voted in the election of a foreign country.

Entry #1	
Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.
Entry #2	
Provide the date you voted in the foreign election. (Month/Year) <input type="checkbox"/> Est.	Provide the name of the country involved.
Provide the reason(s) for these activities.	Provide your current eligibility to vote in a foreign country.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel

Have you traveled outside the U.S. in the last seven (7) years?

☒ YES ☐ NO (If NO, proceed to Section 21)

Has your travel in the last seven (7) years been solely for U.S. Government business (i.e., no personal trips in conjunction with the official U.S. Government business)?

☐ YES (If YES, proceed to Section 21) ☒ NO

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #1

Provide the country visited.

Greece

Provide the dates of your travel to this country.

From Date (Month/Year)

06/2014

☐ Est.

To Date (Month/Year)

07/2014

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☐ 1-5

☐ 11-20

☐ More than 30

☐ 6-10

☒ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☐ Tourism

☒ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES → If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES → If yes, provide explanation.

☒ NO

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #2

Provide the country visited.

Colombia

Provide the dates of your travel to this country.

From Date (Month/Year)

04/2011

☐ Est.

To Date (Month/Year)

04/2011

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☐ 1-5

☒ 11-20

☐ More than 30

☐ 6-10

☐ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☒ Tourism

☐ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES

→

If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES

→

If yes, provide explanation.

☒ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #3

Provide the country visited.	Provide the dates of your travel to this country.		Provide the total number of days involved in the visit.			
	From Date (Month/Year)	To Date (Month/Year)	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> 1-5	<input type="checkbox"/> 11-20	<input type="checkbox"/> More than 30
Bulgaria	08/2008	08/2008	<input type="checkbox"/> Est.	<input type="checkbox"/> 6-10	<input type="checkbox"/> 21-30	<input type="checkbox"/> Many short trips

Provide the purpose of the travel to this country (Check all that apply).

<input type="checkbox"/> Business/Professional conference	<input type="checkbox"/> Education	<input type="checkbox"/> Trade shows, conferences, and seminars	<input type="checkbox"/> Other
<input type="checkbox"/> Volunteer activities	<input checked="" type="checkbox"/> Tourism	<input type="checkbox"/> Visit family or friends	

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES → If yes, provide explanation.
☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES → If yes, provide explanation.
☒ NO

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 20C - Foreign Travel - (Continued)

Complete the following if you responded 'Yes' to having traveled outside the U.S. in the last seven (7) years for other than solely U.S. Government business. Provide information about all such trips made outside the United States including personal trips made in conjunction with official U.S. Government business.

Entry #4

Provide the country visited.

Macedonia

Provide the dates of your travel to this country.
From Date (Month/Year) To Date (Month/Year)

08/2008

☐ Est.

08/2008

☐ Present

☐ Est.

Provide the total number of days involved in the visit.

☒ 1-5

☐ 11-20

☐ More than 30

☐ 6-10

☐ 21-30

☐ Many short trips

Provide the purpose of the travel to this country (Check all that apply).

☐ Business/Professional conference

☐ Education

☐ Trade shows, conferences, and seminars

☐ Other

☐ Volunteer activities

☒ Tourism

☐ Visit family or friends

While traveling to, or in this country, were you questioned, searched, or otherwise detained (other than for normal customs requirements) by the local customs or security service officials when entering or leaving this country?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you involved in any encounter with the police?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with any person known or suspected of being involved or associated with foreign intelligence, terrorist, security, or military organizations?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you involved in any counterintelligence or security issues not reported?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone exhibiting excessive knowledge of or undue interest in you or your job?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to or in this country, were you contacted by, or in contact with anyone attempting to obtain classified information or unclassified, sensitive information?

☐ YES

→ If yes, provide explanation.

☒ NO

While traveling to, or in this country, were you threatened, coerced, or pressured in any way to cooperate with a foreign government official or foreign intelligence or security service?

☐ YES

→ If yes, provide explanation.

☒ NO

Enter your Social Security Number before going to the next page

069-66-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 21 - Psychological and Emotional Health

Mental health counseling in and of itself is not a reason to revoke or deny eligibility for access to classified information or for a sensitive position, suitability or fitness to obtain or retain Federal employment, fitness to obtain or retain contract employment, or eligibility for physical or logical access to federally controlled facilities or information systems.

- 21.1 In the last seven (7) years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition? Answer 'No' if the counseling was for any of the following reasons and was not court-ordered:
- strictly marital, family, grief not related to violence by you; or
 - strictly related to adjustments from service in a military combat environment
- Please respond to this question with the following additional instruction: Victims of sexual assault who have consulted with the health care professional regarding an emotional or mental health condition during this period strictly in relation to the sexual assault are instructed to answer No.

☒ YES ☐ NO (If NO, proceed to Section 22)

Complete the following if you responded 'Yes' to having consulted with a health care professional regarding a mental or emotional health condition or were hospitalized for such a condition.

Entry #1

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)
04/2014 ☐ Est. ☒ Present ☐ Est.

Provide the name of the health care professional.

Provide the telephone number of the health care professional.

☐ International or DSN phone number ☒ Day ☐ Night
Extension

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country
210 E Harvard Blvd Santa Paula ca

Provide the name of agency/organization/facility where counseling/treatment was provided.
Community Memorial Health Clinic (for Anxiety)

☒ Same as above

Provide the address of agency/organization/facility provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☒ Same as above

Street City State Zip Code Country

Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided?

☐ YES ☒ NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

☐ Voluntary ☐ Involuntary Explanation ▶

Entry #2

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year)
☐ Est. ☐ Present ☐ Est.

Provide the name of the health care professional.

Provide the telephone number of the health care professional.

☐ International or DSN phone number ☐ Day ☐ Night
Telephone number Extension

Provide the address of the health care professional. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization/facility where counseling/treatment was provided.

☐ Same as above

Provide the address of agency/organization/facility provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

☐ Same as above

Street City State Zip Code Country

Were you EVER admitted as an inpatient to the agency/organization where counseling/treatment was provided?

☐ YES ☐ NO

You responded 'YES' to having been admitted as an inpatient to the agency/organization where counseling/treatment was provided, was the admission voluntary or involuntary?

☐ Voluntary ☐ Involuntary Explanation ▶

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 21 - Psychological and Emotional Health - (Continued)

21.2 Has a court or administrative agency EVER declared you mentally incompetent?

☐ YES ☒ NO (If NO, proceed to Section 22)

Complete the following if you responded 'Yes' to having a court or administrative agency EVER declare you mentally incompetent.

Entry #1

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.

☐ Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court?

☐ YES ☐ NO

Appeal #1

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Entry #2

Provide the date this occurred. (Month/Year) Provide the name of the court or administrative agency that declared you mentally incompetent.

☐ Est.

Provide the address of the court or administrative agency. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Was this matter appealed to a higher court?

☐ YES ☐ NO (If NO, proceed to Section 22)

Appeal #1

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Appeal #2

Provide the name of the court.

Provide the final disposition.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 22 - Police Record

For this section report information regardless of whether the record in your case has been sealed, expunged, or otherwise stricken from the court record, or the charge was dismissed. You need not report convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607. Be sure to include all incidents whether occurring in the U.S. or abroad.

- 22.1 Have any of the following happened? (If 'Yes' you will be asked to provide details for each offense that pertains to the actions that are identified below.) ☐ YES ☒ NO (If NO, proceed to 22.2)
- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
 - In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
 - In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
 - In the past seven (7) years have you been or are you currently on probation or parole?
 - Are you currently on trial or awaiting a trial on criminal charges?

Entry #1

Provide the date of offense. (Month/Year) Provide a description of the specific nature of the offense.

☐ Est.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply.)

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

☐ YES ☐ NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

- ☐ YES → Provide the name of the court. (If YES, complete (c.1))
- ☐ NO → Provide explanation →

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

(d) Were you sentenced as a result of this offense?

☐ YES (If YES, complete (d.1)) ☐ NO (If NO, complete (d.2))

(d.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR
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Form approved:
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Section 22 - Police Record - (Continued)

Complete the following if you responded 'Yes' to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

Entry #2

Provide the date of offense. (Month/Year) ☐ Est. Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply.)

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the location where the offense occurred. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(b) Were you arrested, summoned, cited, or did you receive a ticket to appear as a result of this offense by any police officer, sheriff, marshal or any other type of law enforcement official?

☐ YES ☐ NO (If NO, proceed to (c))

Provide the name of the law enforcement agency that arrested/cited/summoned you.

Provide the location of the law enforcement agency. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

(c) As a result of this offense were you charged, convicted, currently awaiting trial, and/or ordered to appear in court in a criminal proceeding against you?

☐ YES → Provide the name of the court. (If YES, complete (c.1))

☐ NO → Provide explanation

(c.1) Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City County State Zip Code Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list separately both the original charge and the lesser offense.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

Complete the following if you responded "Yes" to one of the following:

- In the past seven (7) years have you been issued a summons, citation, or ticket to appear in court in a criminal proceeding against you? (Do not check if all the citations involved traffic infractions where the fine was less than \$300 and did not include alcohol or drugs)
- In the past seven (7) years have you been arrested by any police officer, sheriff, marshal or any other type of law enforcement official?
- In the past seven (7) years have you been charged, convicted, or sentenced of a crime in any court? (Include all qualifying charges, convictions or sentences in any Federal, state, local, military, or non-U.S. court, even if previously listed on this form).
- In the past seven (7) years have you been or are you currently on probation or parole?
- Are you currently on trial or awaiting a trial on criminal charges?

(d) Were you sentenced as a result of this offense?

☐ YES (If YES, complete (d.1)) ☐ NO (If NO, complete (d.2))

(d.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(d.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 22 - Police Record - (Continued)

22.2 Other than those offenses already listed, have you EVER had the following happen to you? ☐ YES ☐ NO (If NO, proceed to 22.3)

- Have you EVER been convicted in any court of the United States of a crime, sentenced to imprisonment for a term exceeding 1 year for that crime, and incarcerated as a result of that sentence for not less than 1 year? (Include all qualifying convictions in Federal, state, local, or military court, even if previously listed on this form)
- Have you EVER been charged with any felony offense? (Include those under the Uniform Code of Military Justice and non-military/civilian felony offenses)
- Have you EVER been convicted of an offense involving domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- Have you EVER been charged with an offense involving firearms or explosives?
- Have you EVER been charged with an offense involving alcohol or drugs?

Entry #1

Provide the date of offense. (Month/Year)

Provide a description of the specific nature of the offense.

☐ Est.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply).

- ☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?
- ☐ Involve firearms or explosives?
- ☐ Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City

County

State

Zip Code

Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

☐ YES (If YES, complete (b.1)) ☐ NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 22 - Police Record - (Continued)

Entry #2

Provide the date of offense. (Month/Year)

☐ Est.

Provide a description of the specific nature of the offense.

(a) Did this offense involve any of the following?

☐ YES ☐ NO

(Check all that apply).

☐ Domestic violence or a crime of violence (such as battery or assault) against your child, dependent, cohabitant, spouse, former spouse, or someone with whom you share a child in common?

☐ Involve firearms or explosives?

☐ Involve alcohol or drugs?

Provide the name of the court.

Provide the location of the court. (Provide City and Country if outside the United States; otherwise, provide City, County, State and Zip Code)

City

County

State

Zip Code

Country

Provide all the charges brought against you for this offense, and the outcome of each charged offense (such as found guilty, found not-guilty, or charge dropped or "nolle pros," etc). If you were found guilty of or pleaded guilty to a lesser offense, list both the original charge and the lesser offense separately.

Felony/misdemeanor	Charge	Outcome	Date (Month/Year)
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.
			<input type="checkbox"/> Est.

(b) Were you sentenced as a result of these charges?

☐ YES (If YES, complete (b.1)) ☐ NO (If NO, complete (b.2))

(b.1)

Provide a description of the sentence.

Were you sentenced to imprisonment for a term exceeding 1 year?

☐ YES ☐ NO

Were you incarcerated as a result of that sentence for not less than 1 year?

☐ YES ☐ NO

If the conviction resulted in imprisonment, provide the dates that you actually were incarcerated.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

If conviction resulted in probation or parole, provide the dates of probation or parole.

☐ Not Applicable

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

(b.2)

Are you currently on trial, awaiting a trial, or awaiting sentencing on criminal charges for this offense?

☐ YES ☐ NO

Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 22 - Police Record - (Continued)

22.3 Is there currently a domestic violence protective order or restraining order issued against you? ☐ YES ☐ NO (If NO, proceed to Section 23)

Complete the following if you responded 'Yes' to currently having a domestic violence protective order or restraining order issued against you?

Entry #1

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #2

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #3

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Entry #4

Provide explanation.

Provide the date the order was issued. (Month/Year)

☐ Est.

Provide the name of the court or agency that issued the order.

Provide the location of the court or agency that issued the order: (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

City

State

Zip Code

Country

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 23 - Illegal Use of Drugs and Drug Activity

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions pertain to the illegal use of drugs or controlled substances or drug or controlled substance activity.

- 23.1 In the last seven (7) years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. ☐ YES ☒ NO (If NO, proceed to 23.2)

Complete the following if you answered 'Yes' to in the last seven (7) years having illegally used a drug or controlled substance.

Entry #1

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, Jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

☐ Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

☐ YES ☐ NO

Was your use while possessing a security clearance?

☐ YES ☐ NO

Do you intend to use this drug or controlled substance in the future?

☐ YES ☐ NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Entry #2

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, Jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first use. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent use. (Month/Year)

☐ Est.

Provide nature of use, frequency, and number of times used.

Was your use while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety?

☐ YES ☐ NO

Was your use while possessing a security clearance?

☐ YES ☐ NO

Do you intend to use this drug or controlled substance in the future?

☐ YES ☐ NO

Provide explanation of why you intend or do not intend to use this drug or controlled substance in the future.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.2 In the last seven (7) years, have you been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of any drug or controlled substance? ☐ YES ☐ NO (If NO, proceed to 23.3)

Complete the following if you answered 'Yes' to in the last seven (7) years having been involved in the illegal purchase, manufacture, cultivation, trafficking, production, transfer, shipping, receiving, handling or sale of a drug or controlled substance.

Entry #1.

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

☐ Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Do you intend to engage in this activity in the future?

☐ YES → Provide explanation.
☐ NO

Entry #2

Provide the type of drug or controlled substance.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide an estimate of the month and year of first involvement. (Month/Year)

☐ Est.

Provide an estimate of the month and year of most recent involvement. (Month/Year)

☐ Est.

Provide the nature and frequency of activity.

Provide the reason(s) why you engaged in the activity

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Do you intend to engage in this activity in the future?

☐ YES → Provide explanation.
☐ NO

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.3 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance other than previously listed? ☐ YES ☐ NO (If NO, proceed to 23.4)

Complete the following if you responded 'Yes' to having EVER illegally used or otherwise been involved with a drug or controlled substance while possessing a security clearance, other than previously listed.

Entry #1

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

Entry #2

Provide a description of your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while possessing a security clearance.

23.4 Have you EVER illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed? ☐ YES ☐ NO (If NO, proceed to 23.5)

Complete the following if you responded 'Yes' to having EVER illegally used, or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; or while in a position directly and immediately affecting the public safety other than previously listed.

Entry #1

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

Entry #2

Provide a description of the drugs or controlled substances used and your involvement.

Provide the dates of involvement/use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide an estimate of the number of times you used and/or were involved with this drug or controlled substance while employed in this capacity.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.5 In the last seven (7) years have you intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? ☐ YES ☐ NO (If NO, proceed to 23.6)

Complete the following if you responded 'Yes' to In the last seven (7) years having intentionally engaged in the misuse of prescription drugs, regardless of whether the drugs were prescribed for you or someone else.

Entry #1

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Entry #2

Provide the name of the prescription drug that you misused.

Provide the dates of involvement/use

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide the reason(s) for and circumstances of the misuse of the prescription drug.

Was your involvement while you were employed as a law enforcement officer, prosecutor, or courtroom official, or while in a position directly and immediately affecting the public safety? ☐ YES ☐ NO

Was your involvement while possessing a security clearance? ☐ YES ☐ NO

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.6 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances?

☐ YES ☒ NO (If NO, proceed to 23.7)

Complete the following if you responded 'Yes' to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An employer, military commander, or employee assistance program | <input type="checkbox"/> A court official / judge |
| <input type="checkbox"/> A medical professional | <input type="checkbox"/> I have not been ordered, advised, or asked to seek counseling or treatment by any of the above |
| <input type="checkbox"/> A mental health professional | |

Provide explanation ▶

Did you take action to receive counseling or treatment?

☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) ▶ |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

Complete the following if you responded "Yes" to having EVER been ordered, advised, or asked to seek counseling or treatment as a result of your illegal use of drugs or controlled substances.

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your illegal use of drugs or controlled substances? (Check all that apply):

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional

Provide explanation ▶

Did you take action to receive counseling or treatment?

☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You have indicated that you did not receive treatment.

Provide explanation.

(b) You have indicated that you did receive treatment.

Provide the type of drug or controlled substance for which you were treated.

- ☐ Cocaine or crack cocaine (Such as rock, freebase, etc.) ☐ Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.)
☐ THC (Such as marijuana, weed, pot, hashish, etc.) ☐ Hallucinogenic (Such as LSD, PCP, mushrooms, etc.)
☐ Ketamine (Such as special K, jet, etc.) ☐ Steroids (Such as the clear, juice, etc.)
☐ Narcotics (Such as opium, morphine, codeine, heroin, etc.) ☐ Inhalants (Such as toluene, amyl nitrate, etc.)
☐ Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) ☐ Other (Provide explanation) ▶

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

- ☐ International or DSN phone number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 23 - Illegal Use of Drugs and Drug Activity - (Continued)

23.7 Have you EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance? ☐ YES ☐ NO (If NO, proceed to Section 24)

Complete the following if you responded 'Yes' to having EVER voluntarily sought counseling or treatment as a result of your use of a drug or controlled substance?

Entry #1

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) > |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

- ☐ International or DSN
phone number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

Entry #2

Provide the type of drug or controlled substance for which you were treated.

- | | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cocaine or crack cocaine (Such as rock, freebase, etc.) | <input type="checkbox"/> Depressants (Such as barbiturates, methaqualone, tranquilizers, etc.) |
| <input type="checkbox"/> THC (Such as marijuana, weed, pot, hashish, etc.) | <input type="checkbox"/> Hallucinogenic (Such as LSD, PCP, mushrooms, etc.) |
| <input type="checkbox"/> Ketamine (Such as special K, jet, etc.) | <input type="checkbox"/> Steroids (Such as the clear, juice, etc.) |
| <input type="checkbox"/> Narcotics (Such as opium, morphine, codeine, heroin, etc.) | <input type="checkbox"/> Inhalants (Such as toluene, amyl nitrate, etc.) |
| <input type="checkbox"/> Stimulants (Such as amphetamines, speed, crystal meth, ecstasy, etc.) | <input type="checkbox"/> Other (Provide explanation) > |

Provide the name of the treatment provider.

Last name

First name

Provide the address for this treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a telephone number for the treatment provider.

Extension

- ☐ International or DSN phone
number
☐ Day ☐ Night

Provide the dates of treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation)

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 24 - Use of Alcohol

24.1 In the last seven (7) years has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel? ☐ YES ☒ NO (If NO, proceed to 24.2)

Complete the following if you responded 'Yes' to your alcohol use having had a negative impact on your work performance, your professional or personal relationships, your finances, or resulted in intervention by law enforcement/public safety personnel.

Entry #1

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #2

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #3

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

Entry #4

Provide the dates of involvement or use.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the month/year when this negative impact occurred.

From Date (Month/Year)

☐ Est.

Provide circumstances.

Provide negative impact.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 24 - Use of Alcohol - (Continued)

24.2 Have you EVER been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol? ☐ YES ☒ NO (If NO, proceed to 24.3)

Complete the following if you responded 'Yes' to having been ordered, advised, or asked to seek counseling or treatment as a result of your use of alcohol.

Entry #1

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply)

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional ☐ Other (Provide explanation) ▶

Did you take action to receive counseling or treatment? ☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Entry #2

Have any of the following ordered, advised, or asked you to seek counseling or treatment as a result of your use of alcohol? (Check all that apply):

- ☐ An employer, military commander, or employee assistance program ☐ A court official / judge
☐ A medical professional ☐ I have not been ordered, advised, or asked to seek counseling or treatment by any of the above
☐ A mental health professional ☐ Other (Provide explanation) ▶

Did you take action to receive counseling or treatment? ☐ YES (If YES, complete (b)) ☐ NO (If NO, complete (a))

(a) You responded 'No' to having taken action to seek counseling or treatment. Explain the reasons for not taking action to seek counseling or treatment.
Provide explanation.

(b) You responded 'Yes' to having taken action to seek counseling or treatment.

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address for the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page →

069-68-8543

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 24 - Use of Alcohol - (Continued)

24.3 Have you EVER voluntarily sought counseling or treatment as a result of your use of alcohol?

☐ YES ☒ NO (If NO, proceed to 24.4)

Complete the following if you responded "Yes" to voluntarily seeking counseling or treatment.

Entry #1

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Entry #2

Provide the dates of counseling or treatment.

From Date (Month/Year)

To Date (Month/Year)

☐ Present

☐ Est.

☐ Est.

Provide the name of the individual counselor or treatment provider.

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide telephone number.

Extension

☐ International or DSN phone number

☐ Day ☐ Night

Did you successfully complete the treatment? ☐ YES ☐ NO → (Provide explanation) ▶

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 24 - Use of Alcohol - (Continued)

24.4 Have you EVER received counseling or treatment as a result of your use of alcohol in addition to what you have already listed on this form? ☐ YES ☒ NO (If NO, proceed to Section 25)

Complete the following if you responded "Yes" to having EVER received counseling or treatment as a result of your use of alcohol.

Entry #1

Provide the name of the individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) ☐ Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Did you successfully complete your counseling or treatment? ☐ YES (Provide explanation) ☐ NO (Provide explanation)

Explanation

Entry #2

Provide the name of the individual counselor or treatment provider.
Name

Provide the full address of the counseling/treatment provider. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the name of agency/organization where counseling/treatment was provided.
Name

Provide the address of agency/organization where counseling/treatment was provided. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code) ☐ Same as above

Street City State Zip Code Country

Provide the dates of counseling or treatment.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Did you successfully complete your counseling or treatment? ☐ YES (Provide explanation) ☐ NO (Provide explanation)

Explanation

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record

25.1 Has the U.S. Government (or a foreign government) EVER investigated your background and/or granted you a security clearance eligibility/access? ☒ YES ☐ NO (If NO, proceed to 25.2)

Complete the following if you responded 'Yes' to the U.S. Government (or a foreign government) having investigated your background and/or having granted you a security clearance eligibility/access.

Entry #1

Provide the investigating agency:

- | | |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input checked="" type="checkbox"/> Foreign government (Provide name of government) ▶ Russia |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Russian Government

Date the investigation was completed (Month/Year) <input checked="" type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input checked="" type="checkbox"/> I don't know
<input type="checkbox"/> Est.	09/2010 <input checked="" type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ Tourist |

Entry #2

Provide the investigating agency:

- | | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> U.S. Department of Homeland Security |
| <input type="checkbox"/> U.S. Department of State | <input checked="" type="checkbox"/> Foreign government (Provide name of government) ▶ Belarus |
| <input type="checkbox"/> U.S. Office of Personnel Management | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Federal Bureau of Investigation | <input type="checkbox"/> Other (Provide explanation) ▶ |
| <input type="checkbox"/> U.S. Department of Treasury | |

Provide the name of agency that issued the clearance eligibility/access if different from the investigating agency.

Belarussian Government

Date the investigation was completed (Month/Year) <input checked="" type="checkbox"/> I don't know	Provide the date clearance eligibility/access was granted. (Month/Year) <input type="checkbox"/> I don't know
09/2010 <input checked="" type="checkbox"/> Est.	10/2010 <input type="checkbox"/> Est.

Provide the level of clearance eligibility/access granted:

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Q |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> L |
| <input type="checkbox"/> Secret | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Top Secret | <input type="checkbox"/> Issued by foreign country |
| <input type="checkbox"/> Sensitive Compartmented Information (SCI) | <input checked="" type="checkbox"/> Other (Provide explanation) ▶ Tourist |

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 25 - Investigations and Clearance Record - (Continued)

25.2 Have you EVER had a security clearance eligibility/access authorization denied, suspended, or revoked? (Note: An administrative downgrade or administrative termination of a security clearance is not a revocation.) ☐ YES ☒ NO (If NO, proceed to 25.3)

Complete the following if you responded 'Yes' to having EVER had a security clearance eligibility/access authorization denied, suspended, or revoked.

Entry #1

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

☐ Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

Entry #2

Provide the date security clearance eligibility/access authorization was denied, suspended or revoked. (Month/Year)

☐ Est.

Provide the name of the agency that took the action.

Provide an explanation of the circumstances of the denial, suspension or revocation action.

25.3 Have you EVER been debarred from government employment? ☐ YES ☐ NO (If NO, proceed to Section 26)

Complete the following if you responded 'Yes' to having EVER been debarred from government employment.

Entry #1

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

☐ Est.

Provide an explanation of the circumstances of the debarment.

Entry #2

Provide the name of the government agency taking debarment action.

Provide the date the debarment occurred. (Month/Year)

☐ Est.

Provide an explanation of the circumstances of the debarment.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3208-0005

Section 26 - Financial Record

26.1 In the last seven (7) years have you filed a petition under any chapter of the bankruptcy code? ☐ YES ☒ NO (If NO, proceed to 26.2)

Complete the following if you responded 'Yes' to In the last seven (7) years having filed a petition under any chapter of the bankruptcy code.

Entry #1

Select the applicable bankruptcy petition type.

☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. (Month/Year)

☐ Est.

Provide the date of bankruptcy discharge. (Month/Year)

☐ Not Applicable

☐ Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

☐ Est.

Provide the name debt is recorded under.

Last name

First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy?

☐ YES (Provide explanation)

☐ NO (Provide explanation)

Provide Explanation.

Entry #2

Select the applicable bankruptcy petition type.

☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 13

Provide the bankruptcy court docket/account number.

Provide the date bankruptcy was filed. (Month/Year)

☐ Est.

Provide the date of bankruptcy discharge. (Month/Year)

☐ Not Applicable

☐ Est.

Provide the total amount (in U.S. dollars) involved in the bankruptcy.

☐ Est.

Provide the name debt is recorded under.

Last name

First name

Middle name

Suffix

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

(a) If Chapter 13 previously selected:

Provide the name of the trustee for this bankruptcy.

Provide the address of the trustee for this bankruptcy. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Were you discharged of all debts claimed in the bankruptcy?

☐ YES (Provide explanation)

☐ NO (Provide explanation)

Provide Explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Section 26 - Financial Record - (Continued)

26.2 Have you EVER experienced financial problems due to gambling?

☐ YES ☒ NO (If NO, proceed to 26.3)

Complete the following if you responded 'Yes' to having EVER experienced financial problems due to gambling.

Entry #1

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) ☐ Est. To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

Entry #2

Provide the date range of your financial problems due to gambling. Provide an estimate of the amount (in U.S. dollars) of gambling losses incurred.

From Date (Month/Year) ☐ Est. To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide a description of your financial problems due to gambling. If you have taken any action(s) to rectify your financial problems due to gambling, provide a description of your actions. If you have not taken any action(s), provide explanation.

26.3 In the past seven (7) years have you failed to file or pay Federal, state, or other taxes when required by law or ordinance?

☐ YES ☒ NO (If NO, proceed to 26.4)

Complete the following if you responded 'Yes' to having failed to file or pay Federal, state, or other taxes when required by law or ordinance.

Entry #1

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

☐ File ☐ Pay ☐ Both ☐ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
☐ Est. ☐ Not Applicable
☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Entry #2

Did you fail to file, pay as required, or both? Provide the year you failed to file or pay your Federal, state, or other taxes.

☐ File ☐ Pay ☐ Both ☐ Est.

Provide the reason(s) for your failure to file or pay required taxes. Provide the Federal, state, or other agency to which you failed to file or pay taxes. Provide the type of taxes you failed to file or pay (such as property, income, sales, etc.).

Provide the amount (in U.S. dollars) of the taxes. Provide date satisfied. (Month/Year)
☐ Est. ☐ Not Applicable
☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s) provide explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 26 - Financial Record - (Continued)

26.4 In the past seven (7) years have you been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer? ☐ YES ☒ NO (If NO, proceed to 26.5)

Complete the following if you responded 'Yes' to having been counseled, warned, or disciplined for violating the terms of agreement for a travel or credit card provided by your employer.

Entry #1

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action

☐ Est.

Provide the amount (in U.S. dollars) of violation.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

☐ Est.

Entry #2

Provide the name of the agency or company.

Provide the address of the agency or company. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the date of your counseling, warning, or disciplinary action. (Month/Year) Provide the reason(s) for the counseling, warning, or disciplinary action

☐ Est.

Provide the amount (in U.S. dollars) of violation.

Provide a description of any action(s) you have taken to rectify this situation. If you have not taken any action(s) provide explanation.

☐ Est.

26.5 Are you currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties? ☐ YES ☐ NO (If NO, proceed to 26.6)

Complete the following if you responded 'Yes' to being currently utilizing, or seeking assistance from, a credit counseling service or other similar resource to resolve your financial difficulties.

Entry #1

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Entry #2

Provide explanation.

Provide the name of the credit counseling organization or resource.

Provide the telephone number of the credit counseling organization.

Telephone number Extension ☐ International or DSN phone number
☐ Day ☐ Night

Provide the location of the credit counseling organization.

City State

As a result of this counseling, provide a description of any action(s) you have taken to resolve your financial difficulties. If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

- 26.6 Other than previously listed, have any of the following happened to you? (You will be asked to provide details about each financial obligation that pertains to the items identified below) ☐ YES ☒ NO (If NO, Proceed to 26.7)
- In the past seven (7) years, you have been delinquent on alimony or child support payments.
 - In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
 - You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☐ NO (If NO, Proceed to 26.7)

- ☐ In the past seven (7) years, you have been delinquent on alimony or child support payments.
- ☐ In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

Provide the name of the court involved.

☐ Est.

☐ Not Resolved

☐ Est.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☐ NO (If NO, Proceed to 26.7)

- ☐ In the past seven (7) years, you have been delinquent on alimony or child support payments.
- ☐ In the past seven (7) years, you had a judgment entered against you. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ In the past seven (7) years, you had a lien placed against your property for failing to pay taxes or other debts. (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor).
- ☐ You are currently delinquent on any Federal debt. (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor).

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

☐ Est.

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

Provide the name of the court involved.

Provide the address of the court involved. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street

City

State

Zip Code

Country

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

26.7 Other than previously listed, have any of the following happened?

☐ YES ☐ NO (If NO, proceed to Section 27)

- In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- In the past seven (7) years, you were evicted for non-payment?
- In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Complete the following if you answered 'Yes' to having experienced one or more of the previously stated financial issues.

Entry #1

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☒ NO (If NO, proceed to Section 27)

- ☐ In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you were evicted for non-payment?
- ☐ In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- ☐ In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 26 - Financial Record - (Continued)

Complete the following if you answered "Yes" to having experienced one or more of the previously stated financial issues.

Entry #2

Provide the name of agency/organization/individual to which debt is/was owed.

Did/does this financial issue include any of the following? (Check all that apply)

☐ YES ☒ NO (If NO, proceed to Section 27)

- ☐ In the past seven (7) years, you had any possessions or property voluntarily or involuntarily repossessed or foreclosed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you defaulted on any type of loan? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had bills or debts turned over to a collection agency? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you had any account or credit card suspended, charged off, or cancelled for failing to pay as agreed? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ In the past seven (7) years, you were evicted for non-payment?
- ☐ In the past seven (7) years, you had your wages, benefits, or assets garnished or attached for any reason?
- ☐ In the past seven (7) years, you have been over 120 days delinquent on any debt not previously entered? (Include financial obligations for which you were the sole debtor, as well as those for which you were a cosigner or guarantor)
- ☐ You are currently over 120 days delinquent on any debt? (Include financial obligations for which you are the sole debtor, as well as those for which you are a cosigner or guarantor)

Provide the associated loan/account number(s) involved. Identify/describe the type of property involved (if any).

Provide the amount (in U.S. dollars) of the financial issue. Provide the reason(s) for the financial issue. Provide the current status of the financial issue.

☐ Est.

Provide the date the financial issue began. (Month/Year)

Provide date the financial issue was resolved. (Month/Year)

☐ Not Resolved

☐ Est.

☐ Est.

Provide a description of any action(s) you have taken to satisfy this debt (such as withholdings, frequency and amount of payments, etc.). If you have not taken any action(s), provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
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Section 27 - Use of Information Technology Systems

We note, with reference to this section, that neither your truthful responses nor information derived from your responses to this section will be used as evidence against you in a subsequent criminal proceeding. As to this particular section, this applies whether or not you are currently employed by the Federal government. The following questions ask about your use of information technology systems. Information technology systems include all related computer hardware, software, firmware, and data used for the communication, transmission, processing, manipulation, storage or protection of information.

27.1 In the last seven (7) years have you illegally or without proper authorization accessed or attempted to access any information technology system? ☐ YES ☒ NO (If NO, proceed to 27.2)

Complete the following if you responded "Yes" to having in the last seven (7) years illegally or without proper authorization entered or attempted to enter into any information technology system.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

27.2 In the last seven (7) years have you illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above? ☐ YES ☐ NO (If NO, proceed to 27.3)

Complete the following if you responded "Yes" to having in the last seven (7) years illegally or without authorization, modified, destroyed, manipulated, or denied others access to information residing on an information technology system or attempted any of the above.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

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Section 27 - Use of Information Technology Systems - (Continued)

- 27.3 In the last seven (7) years have you introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above? ☐ YES ☒ NO (If NO, proceed to Section 28)

Complete the following if you responded 'Yes' to having in the last seven (7) years introduced, removed, or used hardware, software, or media in connection with any information technology system without authorization, when specifically prohibited by rules, procedures, guidelines, or regulations or attempted any of the above.

Entry #1

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

Entry #2

Provide the date of the incident. (Month/Year) Provide a description of the nature of the incident or offense.

☐ Est.

Provide the location where the incident took place. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide a description of the action (administrative, criminal or other) taken as a result of this incident.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 28 - Involvement in Non-Criminal Court Actions

In the last ten (10) years, have you been a party to any public record civil court action not listed elsewhere on this form? ☐ YES ☒ NO (If NO, proceed to Section 29)

Complete the following if you responded 'Yes' to having been a party to any public record civil court action(s) not listed elsewhere on this form in the last ten (10) years.

Entry #1

Provide the date of the civil action. (Month/Year) Provide the court name.

☐ Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action.

Provide a description of the results of the action.

Provide the name(s) of the principal parties involved in the court action.

Entry #2

Provide the date of the civil action. (Month/Year) Provide the court name.

☐ Est.

Provide the address of the court. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide details of the nature of the action.

Provide a description of the results of the action.

Provide the name(s) of the principal parties involved in the court action.

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record

The following pertain to your associations. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment, security, or credentialing decision. For the purpose of this question, terrorism is defined as any criminal acts that involve violence or are dangerous to human life and appear to be intended to intimidate or coerce a civilian population to influence the policy of a government by intimidation or coercion, or to affect the conduct of a government by mass destruction, assassination or kidnapping.

29.1 Are you now or have you EVER been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities? ☐ YES ☒ NO (If NO, proceed to 29.2)

Complete the following if you responded 'YES' to being or ever having been a member of an organization dedicated to terrorism, either with an awareness of the organization's dedication to that end, or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.
From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.
From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 29 - Association Record - (Continued)

29.2 Have you EVER knowingly engaged in any acts of terrorism?

☐ YES ☒ NO (If NO, proceed to 29.3)

Complete the following if you responded 'Yes' to EVER having knowingly engaged in any acts of terrorism.

Entry #1	
Describe the nature and reasons for the activity.	Provide the dates for any such activities. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Entry #2	
Describe the nature and reasons for the activity.	Provide the dates for any such activities. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

29.3 Have you EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force?

☐ YES ☐ NO (Proceed to 29.4)

Complete the following if you responded 'Yes' to having EVER advocated any acts of terrorism or activities designed to overthrow the U.S. Government by force.

Entry #1	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.
Entry #2	
Provide the reason(s) for advocating acts of terrorism.	Provide the dates of advocating acts of terrorism. From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est. <input type="checkbox"/> Est.

Enter your Social Security Number before going to the next page →

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 29 - Association Record - (Continued)

- 29.4 Have you EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities? ☐ YES ☒ NO (If NO, proceed to 29.5)

Complete the following if you responded 'Yes' to having EVER been a member of an organization dedicated to the use of violence or force to overthrow the United States Government, and which engaged in activities to that end with an awareness of the organization's dedication to that end or with the specific intent to further such activities.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Provide all positions held in the organization, if any.

☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present

☐ Est.

☐ Est.

Provide all positions held in the organization, if any.

☐ No positions held

Provide all contributions made to the organization, if any. ☐ No contributions made

Provide a description of the nature of and reasons for your involvement with the organization.

Enter your Social Security Number before going to the next page

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QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

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Section 29 - Association Record - (Continued)

29.5 Have you EVER been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or any state of the United States with the specific intent to further such action? ☐ YES ☒ NO (If NO, proceed to 29.6)

Complete the following if you responded 'Yes' to being or EVER having been a member of an organization that advocates or practices commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or that of any state of the U.S. with the specific intent to further such action.

Entry #1

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions (in U.S. dollars) ☐ No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

Entry #2

Provide the full name of the organization.

Provide the address/location of the organization. (Provide City and Country if outside the United States; otherwise, provide City, State and Zip Code)

Street City State Zip Code Country

Provide the dates of your involvement with the organization.

From Date (Month/Year) To Date (Month/Year) ☐ Present
☐ Est. ☐ Est.

Provide all positions held in the organization, if any. ☐ No positions held

Provide all contributions (in U.S. dollars) ☐ No contributions made made to the organization, if any.

Provide a description of the nature of and reasons for your involvement with the organization.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Section 29 - Association Record - (Continued)

29.6 Have you EVER knowingly engaged in activities designed to overthrow the U.S. Government by force? ☐ YES ☒ NO (If NO, proceed to 29.7)

Complete the following if you responded 'Yes' to having EVER knowingly engaged in activities designed to overthrow the U.S. Government by force.

Entry #1	
Describe the nature and reasons for the activity.	Provide the dates of such activities.
	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.
Entry #2	
Describe the nature and reasons for the activity.	Provide the dates of such activities.
	From Date (Month/Year) <input type="checkbox"/> Est. To Date (Month/Year) <input type="checkbox"/> Present <input type="checkbox"/> Est.

29.7 Have you EVER associated with anyone involved in activities to further terrorism? ☐ YES ☐ NO

Complete the following if you responded 'Yes' to having EVER associated with anyone involved in activities to further terrorism.

Entry #1
Provide explanation.
Entry #2
Provide explanation.

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved:
OMB No. 3206-0005

Continuation Space

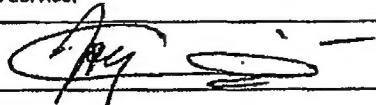
Use the Standard Form 86A (SF 86A) for additional answers for Sections 11, 12 and 13. Use the space below to continue answers, to all other items. If additional space is required, use a blank sheet (s) of paper. Include your name and SSN at the top of each blank sheet (s). Before each answer, identify the number of the item and attempt to maintain sequential order and question format.

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and the attached release(s).

Certification

My statements on this form, and on any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I have carefully read the foregoing instructions to complete this form. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information may have a negative effect on my security clearance, employment prospects, or job status, up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Signature (Sign in ink)



Date signed (mm/dd/yyyy)

07/15/2015

Enter your Social Security Number before going to the next page

069-68-8543